TABLE NO. 3—RESIDUAL FUNCTIONAL CAPACITY: MAXIMUM SUSTAINED WORK CAPABILITY LIMITED TO MEDIUM WORK AS A RESULT OF SEVERE MEDICALLY DETERMINABLE IMPAIRMENT(S)—Continued

Rule	Age	Education	Previous work experience	Decision
203.31	do	High school graduate or more—provides for direct entry into skilled work.	Skilled or semiskilled—skills not transferable.	Do.

204.00 Maximum sustained work capability limited to heavy work (or very heavy work) as a result of severe medically determinable impairment(s). The residual functional capacity to perform heavy work or very heavy work includes the functional capability for work at the lesser functional levels as well, and represents substantial work capability for jobs in the national economy at all skill and physical demand levels. Individuals who retain the functional capacity to perform heavy work (or very heavy work) ordinarily will not have a severe impairment or will be able to do their past work—either of which would have already provided a basis for a decision of "not disabled". Environmental restrictions ordinarily would not significantly affect the range of work existing in the national economy for individuals with the physical capability for heavy work (or very heavy work). Thus an impairment which does not preclude heavy work (or very heavy work) would not ordinarily be the primary reason for unemployment, and generally is sufficient for a finding of not disabled, even though age, education, and skill level of prior work experience may be considered ad-

[56 FR 12980, Mar. 28, 1991, as amended at 68 FR 60294, Oct. 22, 2003]

APPENDIX 3 TO PART 220—RAILROAD RETIREMENT BOARD OCCUPATIONAL DISABILITY STANDARDS

1. Introduction

1.01 The Board uses this appendix to adjudicate the occupational disability claims of employees with medical conditions and job titles covered by the Tables in this appendix. The Tables are divided into "Body Parts", with each Body Part further divided by job title. Under each job title there is a list of impairments and tests with accompanying test results which establish a finding of "D" (disabled). The use of these Tables is a threestep process. In the first step we determine whether the employee's regular railroad occupation is covered by the Tables; next we establish the existence of an impairment covered by the Tables: finally, we reach a disability determination. If we do not find an employee disabled under these Tables, the employee may still be found disabled using

Independent Case Evaluation (ICE), as explained in subpart C of this part.

1.02 The Cancer Tables are treated in a different way than other body systems. Different types of cancer and their treatments have different functional impacts. In the Cancer Tables the impact of the impairment is seen as being significant or not significant. Therefore, these tables contain an "S" (significant) which is equivalent to a "D" rating. A detailed explanation of how to use those tables is in that section. The steps to use the remaining Tables are explained below:

2. Confirming the Impairment

2.01 Once we determine that the employee's regular railroad occupation is covered by the Job Titles in the Tables, we must determine the existence of an impairment covered by the Tables. This is done through the use of Confirmatory Tests. These tests can include information from medical records, surgical or operative reports, or specific diagnostic test results. Confirmatory Tests are listed in the initial section regarding each Body Part covered in the Tables. If an impairment cannot be confirmed because of inconsistent medical information, ICE may be required.

2.02 There are two types of Confirmatory Tests as follows.

2.03 "Highly Recommended" Tests—The designation of a confirmatory test as being "highly recommended" means that the test is almost always performed to confirm the existence of the impairment. For many conditions, only one "highly recommended" test finding is suggested to confirm the impairment. However, there may be times when that test is not available or is negative, but other more detailed testing confirms the impairment.

2.04 Example A: To confirm the condition of pulmonary hypertension, the Tables under Body Part C., Cardiac, designate as "highly recommended": an electrocardiogram which indicates definite right ventricular hypertrophy. However, the impairment may also be confirmed by insertion of a Swan-Ganz catheter into the pulmonary artery and the pulmonary artery pressure measured directly.

2.05 There may be some conditions for which several "highly recommended" tests are suggested to confirm an impairment. In these circumstances, we will use all "highly

recommended" tests to establish the existence of the impairment.

2.06 Example B: Under Body Part E., Lumbar Sacral Spine, three highly recommended medical findings are identified for the diagnosis of chronic back pain, not otherwise specified. These findings include:

- A. A history of back pain under medical treatment for at least one year, and
- B. A history of back pain unresponsive to therapy for at least one year, and
- C. A history of back pain with functional limitations for at least one year.

2.07 All three of these criteria must be satisfied to confirm the existence of chronic back pain.

2.08 Sometimes the employee may have undergone detailed testing which is as reliable as one of the "highly recommended" tests listed in the Tables. In cases where an impairment has not been confirmed by one of the designated "highly recommended" tests, the impairment may still be confirmed by "recommended" tests (see below) or by evidence acceptable under section 220.27 of this part.

2.09 Recommended Tests—The designation of a confirmatory test as "recommended" means that the test need not be performed, or be positive, to confirm the impairment. However, a positive test provides significant support for confirming the impairment. If there are no "highly recommended" tests for confirming the impairment, at least one of the "recommended" tests should be positive.

2.10 There are two categories of recommended tests which are described below.

A. Imaging studies—These studies can include MRI, CAT scan, myelogram, or plain film x-rays. For conditions where several of these imaging studies are identified as "recommended" tests, at least one of the test results should be positive and meet the confirmatory test criteria. For some conditions, such as degenerative disc condition, there are several equivalent imaging methods to confirm a diagnosis.

B. Other tests—This category of tests refers to non-imaging studies.

2.11 If there are no "highly recommended" confirmatory tests designated to confirm an impairment and the "recommended" confirmatory tests only include non-imaging procedures, at least one of these tests should be positive to confirm the impairment. The greater the number of tests that are positive, the greater the confidence that the correct diagnosis has been established.

2.12 Example: Under Body Part C., Cardiac, the diagnostic confirmatory tests for ventricular ectopy, a cardiac arrhythmia, include the following "recommended" tests:

- A. Medical record review, i.e., a review of the claimant's medical records, or
- B. Holter monitoring, or
- C. Provocative testing producing a definite arrhythmia.

2.13 In this situation, only one of the "recommended" confirmatory tests need be positive to confirm the impairment. However, the more tests that are positive, the stronger the support for the diagnosis.

2.14 In no circumstance will the Board require that an invasive test be performed to confirm an impairment. Several of the Confirmatory Tests which are described in the Tables are invasive and it is not the intention of the Board to suggest that these be performed. The inclusion of invasive tests in the Tables Confirmatory Tests section is intended to help the Board evaluate the significance of findings from such tests that may have already been performed and which are part of the submitted medical record.

2.15 If an employee's impairment(s) cannot be confirmed by use of the confirmatory tests listed in the Tables, it still may be confirmed by medical evidence described in section 220.27 of this part. However, if a claimant's impairment(s) cannot be confirmed through use of the Tables or under section 220.27, and the medical evidence is complete and in concordance, the claimant will be found not disabled.

3. DISABILITY DETERMINATION

3.01 Once the Board determines that the employee's regular railroad occupation is covered by one of the Job Titles in the Tables and that his or her alleged impairment fits into a Body Part covered by the Tables and can be confirmed, we examine the results of any of the disability tests listed under the impairment. If the results from any of these tests indicate a "D" finding, the employee is found disabled. If none of the test results indicate a "D" finding, then the employee's claim is evaluated using ICE.

3.02 Example: A trainman has angina as confirmed by the recommended tests under Body Part A: Cardiac—Angina. An echocardiogram shows that he has poor ejection fraction ≤35%. The employee is rated disabiled. If none of the results of the listed disability tests match the results required for a "D" finding, then the employee's claim is evaluated under ICE.

TABLES

- A. Cancer
- B. Endocrine C. Cardiac
- D. Respiratory
- E. Lumbar Sacral Spine
- F. Cervical Spine
- G. Shoulder and Elbow
- H. Hand and Arm
- I. Hip
- J. Knee
- K. Ankle and Foot

A CANCER

Cancer

Cancer conditions can be viewed as belonging to one of three categories.

Category 1: Significant impact on functional capacity or anticipated life span.

Category 2: Intermediate impact on functional capacity; large individual variability. Category 3: No significant impact on functional capacity or expected life span.

The factors that are considered in developing these categories include the following:

Type of Cancer

The functional impact of different malignancies varies tremendously and each malignancy has to be considered on an individual basis.

Magnitude of Disease

The disability standards are based upon the magnitude or extent of disease. The extent of disease affects both anticipated life span and the functional capacity or work ability of the individual. Localized cancer including cancer "in situ" can frequently be completely cured and not have an impact on functional capacity or life span. In contrast, many cancers that have distant or significant regional spread generally have a poor prognosis. The magnitude or extent of disease is classified into three categories: local, regional and distant.

The criteria which are used to classify a cancer into one of the three categories are based upon the distillation of several staging methods into a single system [Miller, et al. (1992). Cancer Statistics Review, 1973–1989; NIH Publication No. 92–27891.

Effects of Treatment

Although some types of cancer may be potentially curable with radical surgery and/or radiation therapy, the treatment regimen may result in a significant impairment that could affect functional capacity and ability to work. For example, a person with a laryngeal tumor which had spread regionally could be cured by a complete laryngectomy and radiotherapy. However, this treatment could result in a loss of speech and significantly impair the individual's communicative skills or ability to use certain types of respiratory protective equipment.

Prognosis

Some cancers may have minimal impact on a person's functional capacity, but have a very poor prognosis with respect to life expectancy. For example, an individual with early stage brain cancer may be minimally impaired, but have a poor prognosis and minimal potential for surviving longer than two years. Five and two year survival data are presented in the Cancer Disability Guideline Table which follows.

The Cancer Disability Guideline Table provides information concerning the probability of survival for five years for local, regional, and distant disease for each type of malignancy. In addition, two-year survival data are also presented for all disease stages. The five-year survival data are based upon data collected from population-based registries in Connecticut, New Mexico, Utah, Hawaii, Atlanta, Detroit, Seattle and the San Francisco and East Bay area between 1983 and 1987 (Miller, 1992). The two-year data are from a cohort study initially diagnosed in 1988.

Assessment

The malignancies are classified as disabling (Category 1), potentially disabling (Category 2) and non-disabling (Category 3). Category 2 conditions must be evaluated with respect to how the worker's tumor affects the worker's ability to perform the job and an assessment of his life span.

Information concerning the potential impact of the malignancy on a worker's ability to perform a job is identified in the Functional Impact column in the table. All railroad occupations in the Tables are considered together. Functional impacts are classified as significant if the treatment or sequelae from treatment including radiotherapy, chemotherapy and/or surgery is likely to impair the worker from performing the job. If the treatment results in a significant impairment of another organ system, the individual should be evaluated for disability associated with impairment of that body part. For example, a person undergoing an amputation for a bone malignancy would have to be evaluated for an amputation of that body part. For many cancers, it is difficult to make generalizations regarding the level of impairment that will occur after the person has initiated or completed treatment. Nonsignificant impacts include those that are unlikely to have any effect on the individual's work capacity.

Cancer type	2-year ¹	5-year ¹	Disability status ²	Functional impact ³
Brain:				
Local		26	1	s
Regional		27.9	1	s
Distant		23.6	1	l s

Cancer type	2-year¹	5-year ¹	Disability status ²	Functional impact ³
Female Breast:				
Regional		71.1	2	S
Distant		17.8	1	S
Colon:		04	0	
Local Regional		91 60.1	2 2	S S
Distant		6	1	s
Rectal:			·	
Local		84.5	2	s
Regional		50.7	2	S
_ Distant		5.3	1	S
Esophagus:		10 5	4	s
Local Regional		18.5 5.2	1	S
Distant		1.8	1	s
Hodgkin's Disease:4			•	_
Stage 1		90–95	3	s
Stage 2		86	2	S
Stage 3		<80	2	S
Stage 4		<80	1	S
Kidney/Renal Pelvis: Local		85.4	3	s
Regional		56.3	2	S
Distant		9	1	s
Larynx:				
Local		84.2	2	S
Regional		52.5	2	S
Distant		24	1	S
Acute Lymphocytic Leukemia:		51.1	2	s
Chronic Lymphocytic Leukemia:		31.1	2	3
All		66.2	2	s
Acute Myelogenous Leukemia:				
All		9.7	1	S
Chronic Myelogenous Leu-				
kemia:		04.7		
AllLiver/Intrahepatic Bile Duct:		21.7	1	S
Local		15.1	1	s
Regional		5.8	1	s
Distant		1.9	1	s
Lung/Bronchus:5				
Local		45.6	2	S
Regional		13.1 1.3	1	S S
Distant Melanomas of Skin:		1.5	'	3
Regional		53.6	2	s
Distant		12.8	1	S
Oral Cavity/Pharyngeal:				
Local		76.2	2	S
Regional		40.9	2	S
Distant Pancreas:		18.7	1	S
Local		6.1	1	s
Regional		3.7	1	s
Distant		1.4	1	s
Prostate:				_
Local		91	3	S
Regional		80.4	2	S
DistantStomach:		28	1	S
Local		55.4	1	s
Regional		17.3	1	S
Distant		2.1	i	s
Testicular:				
Distant		65.5	1	S
Thyroid:			_	_
Regional		93.1	3	S
DistantBladder:		47.2	1	S
Regional		46	2	s
Distant		9.1	1	S
		0.1	<u>'</u>	

¹Source of 2 and 5 year survival data: Miller BA et al. Cancer Statistics Review 1973–1989. NIH Publication No. 92–2789. 2Disability Status:

Cardiac catheterization Echocardiogram

Physical examination

Mitral valve disease:

Pericardial disease: Medical record review Pulmonary hypertension:

Category 1: Significant impact on functional capacity or life span.
Category 2: Intermediate impact.
Category 3: No significant impact on functional capacity or life span.
3 Functional Impacts:
(S) Significant—significant potential for the effects of treatment (radiotheraphy, chemotherapy, surgery) to affect functional capacity.

Hodgkin's disease data presented for each stage derived from American Cancer Society. American Cancer Society Textbook reference for unstaged cancer is derived from Cancer Statistics Review (See 3). In addition to other data, see: American Cancer Society Textbook of Clinical Oncology. Eds: Holleb AI, Fink DJ, Murphy GP, Atlanta: American Cancer Society, Inc. 1991.)

Small cell carcinoma is classified as a 1.

	B. Endocrine	
Confirmatory test	Minimum result	Requirements
	BODY PART: ENDOCRINE CONFIRMATORY TESTS	
Diabetes, requiring insulin (IDDM): Medical record review	Confirmation of condition and need for insulin use.	Highly recommended.
Disability test	Test result	Disability classification
	BODY PART: ENDOCRINE JOB TITLE: ENGINEER	
Diabetes, requiring insulin (IDDM): Medical record review	Confirmation of condition and need for insulin use.	D
	C. Cardiac	
Confirmatory test	Minimum result	Requirements
	BODY PART: CARDIAC CONFIRMATORY TESTS	
Angina:		
Medical record review	Confirmed history of ischemia including copies of electrocardiogram.	Recommended.
Stress test	Definite ischemia on exercise test	Recommended.
Thallium study	Definite ischemia with exercise	Recommended.
Aortic valve disease:		
Cardiac catheterization	Proven and significant	Recommended.
Echocardiogram	Significant valve disease	Recommended.
Coronary artery disease: Medical record review	Desumented inchamin with alcotrocordin	Recommended.
Medical record review	Documented ischemia with electrocardio- gram confirmation.	necommended.
Medical record review	Documented myocardial infarction	Recommended.
Stress test	Positive	Recommended.
Thallium study	Definite ischemia with exercise	Recommended.
Angiography	Definite occlusion (≤60%) of one vessel	Recommended.
Cardiomyopathy:		
Echocardiogram	Proven ejection fraction ≤35%	Recommended.
Catheterization	Poor global function and not coronary ar-	Recommended.
Hypertension:	tery disease.	
Medical record review	Documentation of hypertension for one vear.	Highly recommended.
Medical record review	Definite diagnosis by cardiologist or internist.	Highly recommended.
Medical record review	Confirmation of medication use	Highly recommended.
Arrhythmia: heart block:		
Medical record review	Proven episode with electrocardiogram confirmation.	Recommended.
Electrocardiogram	Documentation of arrhythmia	Recommended.
Mitral valva diagona:	I .	1

Increased pulmonic sound or pulmonary

ejection murmur by cardiologist or internist.

Confirmed by cardiologist or internist ...

Recommended. Recommended.

Recommended.

Highly recommended.

Railroad Retirement Board

C. Cardiac—Continued

Confirmatory test	Minimum result	Requirements
Electrocardiogram	Definite right ventricular hypertension	Highly recommended.
Ventricular ectopy:	Bonnic nghi venthediai nypertension	Tinging recommended.
Medical record review	Definite episode within one year	Recommended.
Holter monitoring	Definite arrhythmia	Recommended.
Provocative testing	Positive response	Recommended.
Arrhythmia: supraventricular tachycardia:	'	
Medical record review	Definite episode within one year	Recommended.
Holter monitoring	Definite arrhythmia	Recommended.
Post heart transplant:		
Medical record review	Documented	Highly recommended.
Disability test	Test result	Disability classification
	BODY PART: CARDIAC JOB TITLE: TRAINMAN	
Angina:		
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤7 METS	D
Medical record review	Unstable as diagnosed by cardiologist	D
Stress test	Documented hypotensive response	D
Stress test: significant ST changes	Definite ischemia ≤7 METS	D
Aortic valve disease:		
Cardiac catheterization	Aortic gradient 25–50 mm HG.	
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤7 METS	D
Coronary artery disease:		
Myocardial infarction	Multiple infarctions	D
Echocardiogram	Confirmed ventricular aneurysm	D
Cardiac catheterization	Aortic gradient 25–50 mm Hg	D
Cardiac catheterization	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤7 METS	D
Medical record review	Unstable as diagnosed by a Cardiologist	D
Stress test	Documented hypotensive response	D D
Stress test	Definite ischemia ≤ 7 METS Definite ischemia ≤ 7 METS	D
Isotope, e.g., thallium study	Definite ischemia > / METS	0
Cardiomyopathy: Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤7 METS	D
Hypertension:	. can exercise =/ WETO	_
Medical record review	Diastolic ≤120 and systolic ≤160, 50% of	D
	the time and evidence of end organ	
	damage (blood creatinine ≤2; urinary	
	protein ≤1/2 gm; or EKG evidence of is-	
	chemia).	
Arrhythmia: heart block:		l_
Holter	Documented asystole length ≤1.5–2 seconds.	D
Medical record review	Documented syncope with proven arrhythmia.	D
Mitral valve disease:	IIIIa.	
Cardiac catheterization	Mitral valve gradient ≥5 mm Hg	D
Cardiac catheterization	Mitral regurgitation severe	D
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤7 METS	D
Pericardial disease:		
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Ventricular ectopy:		
Medical record review	Documented life threatening arrhythmia	D
Holter	Uncontrolled ventricular rhythm	D
110101	1 =	D
Medical record review	Documented related syncope	
Medical record reviewArrhythmia: supraventricular tachycardia:		
	Documented related syncope Documented related syncope	D

Disability test	Test result	Disability classification	
BODY PART: CARDIAC JOB TITLE: ENGINEER			
Angina:		_	
Echocardiogram	Poor ejection fraction ≤35%	D	
Stress test	Peak exercise ≤5 METS Unstable as diagnosed by cardiologist	D D	
Stress test	Documented hypotensive response	D	
Stress test: significant ST changes	Definite ischemia ≤5 METS	D	
Aortic valve disease:			
Cardiac catheterization	Aortic gradient 25-50 mm HG	D	
Echocardiogram	Poor ejection fraction ≤35%	D	
Stress test	Peak exercise ≤5 METS	D	
Coronary artery disease:		_	
Myocardial infarction	Multiple infarctions	D	
Echocardiogram	Confirmed ventricular aneurysm	D	
Cardiac catheterization	Aortic gradient 25–50 mm Hg Poor ejection fraction ≤35%	D D	
Stress test	Peak exercise ≤5 METS	D	
Medical record review	Unstable as diagnosed by a Cardiologist	D	
Stress test	Documented hypotensive response	D	
Stress test	Definite ischemia ≤5 METS	D	
Isotope, e.g., thallium study	Definite ischemia ≤5 METS	D	
Cardiomyopathy:			
Cardiac catheterization	Poor ejection fraction ≤35%	D	
Echocardiogram	Poor ejection fraction ≤35%	D	
Stress test	Peak exercise ≤5 METS	D	
Hypertension:			
Medical record review	Diastolic ≤120 and systolic ≤160, 50% of	D	
	the time and evidence of end organ		
	damage (blood creatinine ≤2; urinary		
	protein ≤1/2 gm; or EKG evidence of is-		
	chemia).		
Arrhythmia: heart block:		5	
Holter	Documented asystole length ≤1.5–2 sec-	D	
Medical record review	onds.	D	
Medical record review	Documented syncope with proven arrhythmia.	D	
Mitral valve disease:	IIIIa.		
Cardiac catheterization	Mitral valve gradient ≥10 mm Hg	D	
Cardiac catheterization	Mitral regurgitation severe	D	
Cardiac catheterization	Poor ejection fraction ≤35%	D	
Echocardiogram	Poor ejection fraction ≤35%	D	
Stress test	Peak exercise ≤5 METS	D	
Pericardial disease:			
Cardiac catheterization	Poor ejection fraction ≤35%	D	
Echocardiogram	Poor ejection fraction ≤35%	D	
Ventricular ectopy:			
Medical record review	Documented life threatening arrhythmia	D	
Holter	Uncontrolled ventricular rhythm	D	
Medical record review	Documented related syncope	D	
Arrhythmia: supraventricular tachycardia:			
Medical record review	Documented related syncope	D	
Post heart transplant: Medical record review	Post heart transplant	D	
Wedical record review	Fost fleatt transplant	В	
	BODY PART: CARDIAC JOB TITLE: DISPATCHER		
Angina			
Angina: Echocardiogram	Poor ejection fraction ≤35%	D	
Stress test	Peak exercise ≤5 METS	D	
Medical record review	Unstable as diagnosed by cardiologist	D	
Stress test	Documented hypotensive response	D	
Stress test: significant ST changes	Definite ischemia ≤5 METS	D	
Aortic valve disease:			
Cardiac catheterization	Aortic gradient 25-50 mm Hg	D	
Echocardiogram	Poor ejection fraction ≤35%	D	
Stress test	Peak exercise ≤5 METS	D	
Coronary artery disease:			
Myocardial infarction	Multiple infarctions	D	
Echocardiogram	Confirmed ventricular aneurysm	D	
Cardiac catheterization	Aortic gradient 25–50 mm Hg	D	
Cardiac catheterization	Poor ejection fraction ≤35%	טו	

Disability test	Test result	Disability classification
Stress test	Peak exercise ≤5 METS	D
Medical record review	Unstable as diagnosed by cardiologist	D
Stress test	Documented hypotensive response	D
Stress test	Definite ischemia ≤5 METS	D
Isotope, e.g., thallium study	Definite ischemia ≤5 METS	D
	Definite ischemia 25 ML 13	В
ardiomyopathy:	Door significant fraction (OE9/	D
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	_
Stress test	Peak exercise ≤5 METS	D
ypertension:		_
Medical record review	Diastolic ≤120 and systolic ≤160, 50% of	D
	the time and evidence of end organ	
	damage (blood creatinine ≤2; urinary	
	protein ≤1/2 gm; or EKG evidence of is-	
	chemia).	
rrhythmia: heart block:	·	
Holter	Documented asystole length ≤1.5-2 sec-	D
	onds.	
Medical record review	Documented syncope with proven arrhyth-	D
	mia.	
Mitral valve disease:		
Cardiac catheterization	Mitral valve gradient ≥10 mm Hg	D
Cardiac catheterization	Mitral regurgitation severe	D
		D
Cardiac catheterization	Poor ejection fraction ≤35%	
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
'ericardial disease:		_
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
'entricular ectopy:		
Medical record review	Documented life threatening arrhythmia	D
Holter	Uncontrolled ventricular rhythm	D
Medical record review	Documented related syncope	D
rrhythmia: supraventricular tachycardia:	, , , , , , , , , , , , , , , , , , , ,	
illivillilla. Subraverillicular lacrivcarula.		
	Documented related syncope	D
Medical record review	Documented related syncope	D
	Post heart transplant	D D
Medical record review	Post heart transplant	
Medical record review	Post heart transplant	
Medical record review	Post heart transplant	
Medical record review rost heart transplant: Medical record review	Post heart transplant BODY PART: CARDIAC JOB TITLE: CARMAN	
Medical record review	Post heart transplant	D
Medical record review	Post heart transplant	D D D
Medical record review	Post heart transplant	D D D D
Medical record review	Post heart transplant	D D D D D
Medical record review	Post heart transplant	D D D D
Medical record review	Post heart transplant	D D D D D
Medical record review	Post heart transplant	D D D D D D
Medical record review	Post heart transplant	D D D D D D
Medical record review	Post heart transplant	D D D D D D
Medical record review	Post heart transplant BODY PART: CARDIAC JOB TITLE: CARMAN Poor ejection fraction ≤35% Peak exercise ≤5 METS Unstable as diagnosed by cardiologist Documented hypotensive response Definite ischemia ≤5 METS Aortic gradient 25–50 mm HG. Poor ejection fraction ≤35% Peak exercise ≤5 METS	D D D D D D D
Medical record review	Post heart transplant	D D D D D D
Medical record review	Post heart transplant BODY PART: CARDIAC JOB TITLE: CARMAN Poor ejection fraction ≤35% Peak exercise ≤5 METS Unstable as diagnosed by cardiologist Documented hypotensive response Definite ischemia ≤5 METS Aortic gradient 25–50 mm HG. Poor ejection fraction ≤35% Peak exercise ≤5 METS	D D D D D D D
Medical record review	Post heart transplant	D D D D D D D D D
Medical record review	Post heart transplant BODY PART: CARDIAC JOB TITLE: CARMAN Poor ejection fraction ≤35%	D D D D D D D D D D D D D D D D D D D
Medical record review rost heart transplant: Medical record review Medical record review Echocardiogram Stress test Medical record review Stress test Stress test: Stress test: significant ST changes cortic valve disease: Cardiac catheterization Echocardiogram Stress test Myocardial infarction Echocardiogram Cardiac catheterization Cardiac catheterization Cardiac catheterization Cardiac catheterization	Post heart transplant	D D D D D D D D D D D D D D D D D D D
Medical record review	Post heart transplant	D D D D D D D D D D D D D D D D D D D
Medical record review	Post heart transplant BODY PART: CARDIAC JOB TITLE: CARMAN Poor ejection fraction ≤35%	D D D D D D D D D D D D D D D D D D D
Medical record review rost heart transplant: Medical record review Medical record review Echocardiogram Stress test Medical record review Stress test: Stress test: Significant ST changes cortic valve disease: Cardiac catheterization Echocardiogram Stress test Myocardial infarction Echocardiogram Cardiac catheterization Cardiac catheterization Cardiac catheterization Cardiac catheterization Stress test Medical record review Stress test Medical record review Stress test	Post heart transplant	D D D D D D D D D D D D D D D D D D D
Medical record review	Post heart transplant	D D D D D D D D D D D D D D D D D D D
Medical record review	Post heart transplant	D D D D D D D D D D D D D D D D D D D
Medical record review Post heart transplant: Medical record review Medical record review Echocardiogram Stress test Medical record review Stress test Stress test: significant ST changes Portic valve disease: Cardiac catheterization Echocardiogram Stress test Myocardial infarction Echocardiogram Cardiac catheterization Cardiac catheterization Cardiac catheterization Stress test Mocardial infarction Echocardiogram Cardiac catheterization Stress test Medical record review Stress test Stress test Stress test Stress test Isotope, e.g., thallium study Eardiomyopathy:	Post heart transplant BODY PART: CARDIAC JOB TITLE: CARMAN Poor ejection fraction ≤35% Peak exercise ≤5 METS Unstable as diagnosed by cardiologist Documented hypotensive response Definite ischemia ≤5 METS Aortic gradient 25–50 mm HG. Poor ejection fraction ≤35% Peak exercise ≤5 METS Multiple infarctions Confirmed ventricular aneurysm Aortic gradient 25–50 mm Hg Poor ejection fraction ≤35% Peak exercise ≤5 METS Unstable as diagnosed by a Cardiologist Documented hypotensive response Definite ischemia ≤ 5 METS Definite ischemia ≤ 5 METS	D D D D D D D D D D D D D D D D D D D
Medical record review Post heart transplant: Medical record review Medical record review Echocardiogram Stress test Medical record review Stress test: Stress test: significant ST changes Cardiac catheterization Echocardiogram Stress test Coronary artery disease: Myocardical infarction Echocardiogram Cardiac catheterization Cardiac catheterization Stress test Medical record review Stress test Medical record review Stress test Stress test Stress test Isotope, e.g., thallium study Cardiac catheterization Cardiac catheterization Cardiac catheterization Stress test Stress test Stress test Stress test Stress test Stress test Cardiomyopathy: Cardioac catheterization	Post heart transplant	D D D D D D D D D D D D D D D D D D D
Medical record review	Post heart transplant BODY PART: CARDIAC JOB TITLE: CARMAN Poor ejection fraction ≤35%	D D D D D D D D D D D D D D D D D D D
Medical record review Post heart transplant: Medical record review Medical record review Echocardiogram Stress test Medical record review Stress test: Stress test: significant ST changes Cardiac catheterization Echocardiogram Stress test Coronary artery disease: Myocardical infarction Echocardiogram Cardiac catheterization Cardiac catheterization Stress test Medical record review Stress test Medical record review Stress test Stress test Stress test Isotope, e.g., thallium study Cardiac catheterization Cardiac catheterization Cardiac catheterization Stress test Stress test Stress test Stress test Stress test Stress test Cardiomyopathy: Cardioac catheterization	Post heart transplant	D D D D D D D D D D D D D D D D D D D
Medical record review	Post heart transplant BODY PART: CARDIAC JOB TITLE: CARMAN Poor ejection fraction ≤35%	D D D D D D D D D D D D D D D D D D D
Medical record review Post heart transplant: Medical record review Medical record review Echocardiogram Stress test Medical record review Stress test Stress test: significant ST changes Portic valve disease: Cardiac catheterization Echocardiogram Stress test Myocardial infarction Echocardiogram Cardiac catheterization Cardiac catheterization Cardiac record review Stress test Medical record review Stress test Ecardiomyopathy: Cardiac catheterization Echocardiogram Echocardiogram Stress test Stress test Echocardiogram Stress test Stress test Stress test Echocardiogram Stress test Stress test	Post heart transplant	D D D D D D D D D D D D D D D D D D D
Medical record review Post heart transplant: Medical record review Medical record review Echocardiogram Stress test Medical record review Stress test: Stress test: significant ST changes Portic valve disease: Cardiac catheterization Echocardiogram Stress test Cardiac catheterization Echocardiogram Cardiac catheterization Cardiac catheterization Stress test Medical record review Stress test Stress test Stress test Stress test Stress test Stress test Lisotope, e.g., thallium study Cardiac catheterization Echocardiograthy: Cardiac catheterization Echocardiogram Stress test Stress test Lisotope, e.g., thallium study Cardiac catheterization Echocardiogram Stress test Stress test Stress test Stress test Lisotope, e.g., thallium study Cardiac catheterization Echocardiogram Stress test Lisotopes Lisotope	Post heart transplant BODY PART: CARDIAC JOB TITLE: CARMAN Poor ejection fraction ≤35%	D D D D D D D D D D D D D D D D D D D
Medical record review Post heart transplant: Medical record review Medical record review Echocardiogram Stress test Medical record review Stress test: Stress test: significant ST changes Portic valve disease: Cardiac catheterization Echocardiogram Stress test Cardiac catheterization Echocardiogram Cardiac catheterization Cardiac catheterization Stress test Medical record review Stress test Stress test Stress test Stress test Stress test Stress test Lisotope, e.g., thallium study Cardiac catheterization Echocardiograthy: Cardiac catheterization Echocardiogram Stress test Stress test Lisotope, e.g., thallium study Cardiac catheterization Echocardiogram Stress test Stress test Stress test Stress test Lisotope, e.g., thallium study Cardiac catheterization Echocardiogram Stress test Lisotopes Lisotope	Post heart transplant	D D D D D D D D D D D D D D D D D D D
Medical record review Post heart transplant: Medical record review Medical record review Echocardiogram Stress test Medical record review Stress test: Stress test: significant ST changes Portic valve disease: Cardiac catheterization Echocardiogram Stress test Cardiac catheterization Echocardiogram Cardiac catheterization Cardiac catheterization Stress test Medical record review Stress test Stress test Stress test Stress test Stress test Stress test Lisotope, e.g., thallium study Cardiac catheterization Echocardiograthy: Cardiac catheterization Echocardiogram Stress test Stress test Lisotope, e.g., thallium study Cardiac catheterization Echocardiogram Stress test Stress test Stress test Stress test Lisotope, e.g., thallium study Cardiac catheterization Echocardiogram Stress test Lisotopes Lisotope	Post heart transplant	D D D D D D D D D D D D D D D D D D D
Medical record review Post heart transplant: Medical record review Medical record review Echocardiogram Stress test Medical record review Stress test: Stress test: significant ST changes Portic valve disease: Cardiac catheterization Echocardiogram Stress test Cardiac catheterization Echocardiogram Cardiac catheterization Cardiac catheterization Stress test Medical record review Stress test Stress test Stress test Stress test Stress test Stress test Lisotope, e.g., thallium study Cardiac catheterization Echocardiograthy: Cardiac catheterization Echocardiogram Stress test Stress test Lisotope, e.g., thallium study Cardiac catheterization Echocardiogram Stress test Stress test Stress test Stress test Lisotope, e.g., thallium study Cardiac catheterization Echocardiogram Stress test Lisotopes Lisotope	Post heart transplant	D D D D D D D D D D D D D D D D D D D
Medical record review Angina: Echocardiogram Stress test Medical record review Stress test Medical record review Stress test Stress test: Stress test Cardiac catheterization Echocardiogram Stress test Cardiac catheterization Cardiac catheterization Cardiac catheterization Stress test Medical record review Stress test Medical record review Medical record review Medical record review	Post heart transplant	D D D D D D D D D D D D D D D D D D D
Medical record review Post heart transplant: Medical record review Medical record review Echocardiogram Stress test Medical record review Stress test: Stress test: significant ST changes Portic valve disease: Cardiac catheterization Echocardiogram Stress test Cardiac catheterization Echocardiogram Cardiac catheterization Cardiac catheterization Stress test Medical record review Stress test Stress test Stress test Stress test Stress test Stress test Lisotope, e.g., thallium study Cardiac catheterization Echocardiograthy: Cardiac catheterization Echocardiogram Stress test Stress test Lisotope, e.g., thallium study Cardiac catheterization Echocardiogram Stress test Stress test Stress test Stress test Lisotope, e.g., thallium study Cardiac catheterization Echocardiogram Stress test Lisotopes Lisotope	Post heart transplant	D D D D D D D D D D D D D D D D D D D

Pt. 220, App. 3

Disability test	Test result	Disability classification
Medical record review	Documented syncope with proven arrhythmia.	D
Mitral valve disease:		
Cardiac catheterization	Mitral valve gradient ≥10 mm Hg	D
Cardiac catheterization	Mitral regurgitation severe	D
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Pericardial disease:		
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Ventricular ectopy:	-	
Medical record review	Documented life threatening arrhythmia	D
Holter	Uncontrolled ventricular rhythm	D
Medical record review	Documented related syncope	D
Arrhythmia: supraventricular tachycardia:		
Medical record review	Documented related syncope	D
Post heart transplant:		
Medical record review	Post heart transplant	D

BODY PART: CARDIAC JOB TITLE: SIGNALMAN

Angina:		
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤7 METS	D
Medical record review	Unstable as diagnosed by cardiologist	D
Stress test	Documented hypotensive response	D
Stress test: significant ST changes	Definite ischemia ≤7 METS	D
Aortic valve disease:	Delinite isolicinia in METO	
Cardiac catheterization	Aortic gradient 25–50 mm HG	D
Echocardiogram	Poor ejection fraction ≤35%	D
	Peak exercise ≤7 METS	D
Stress test	Peak exercise \(\frac{1}{2}\) METS	ט
Coronary artery disease:	Markinda informationa	_
Myocardial infarction	Multiple infractions	D
Echocardiogram	Confirmed ventricular aneurysm	D
Cardiac catheterization	Aortic gradient 25–50 mm Hg	D
Cardiac catheterization	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤7 METS	D
Medical record review	Unstable as diagnosed by cardiologist	D
Stress test	Documented hypotensive response	D
Stress test	Definite ischemia ≤7 METS	D
Isotope, e.g., thallium study	Definite ischemia ≤7 METS	D
Cardiomyopathy:		
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤7 METS	D
Hypertension:	T CAR CACIOICO II METO	
Medical record review	Diastolic ≤120 and systolic ≤160, 50% of	D
Wedical record review	the time and evidence of end organ	
	damage (blood creatinine \(\leq 2\); urinary	
	protein ≤½ gm; or EKG evidence of is-	
	chemia).	
Arrhythmia: haart blook	Cileitia).	
Arrhythmia: heart block	Desumented equatele length <1.5.0 and	_
Holter	Documented asystole length ≤1.5–2 sec-	D
	onds.	_
Medical record review	Documented syncope with proven arrhyth-	D
	mia.	
Mitral valve disease:		_
Cardiac catheterization	Mitral valve gradient ≥5 mm Hg	D
Cardiac catherization	Mitral regurgitation severe	D
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤7 METS	D
Pericardial disease:		
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Ventricular ectopy:	,	
Medical record review	Documented life threatening arrhythmia	D
Holter	Uncontrolled ventricular rhythm	D
Medical record review	Documented related syncope	D
Arrhythmia: supraventricular tachycardia:		-
	Documented related syncope	D
	, Decame notated by noope	

Disability test	Test result	Disability classification
Post heart transplant: Medical record review	Post heart transplant	D
	BODY PART: CARDIAC JOB TITLE: TRACKMAN	
Angina	JOB IIIEL TRACKWAN	
Angina: Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤7 METS	D
Medical record review	Unstable as diagnosed by cardiologist	D
Stress test	Documented hypotensive response	D
Stress test: significant ST changes	Definite ischemia ≤7 METS	D
Aortic valve disease: Cardiac catheterization	Aortic gradient 25–50 mm HG	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤7 METS	D
Coronary artery disease:		
Myocardial infarction	Multiple infarctions	D
Echocardiogram	Confirmed ventricular aneurysm	D
Cardiac catheterization	Aortic gradient 25–50 mm Hg	D
Cardiac catheterization Stress test	Poor ejection fraction ≤35%	D D
Medical record review	Unstable as diagnosed by a cardiologist	D
Stress test	Documented hypotensive response	D
Stress test	Definite ischemia ≤7 METS	D
Isotope, e.g., thallium study	Definite ischemia ≤7 METS	D
Cardiomyopathy:		
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D D
Hypertension:	Feak exercise \$7 WE13	
Medical record review	Diastolic ≤120 and systolic ≤160, 50% of	D
	the time and evidence of end organ	
	damage (blood creatinine ≤2; urinary	
	protein ≤1/2 gm; or EKG evidence of is-	
	chemia).	
Arrhythmia: heart block: Holter	Desumented equatele length <15.0 and	D
Holler	Documented asystole length ≤1.5–2 seconds.	D
Medical record review	Documented syncope with proven arrhyth-	D
Wedlear record review	mia.	
Mitral valve disease:		
Cardiac catheterization	Mitral valve gradient ≥5 mm Hg	D
Cardiac catheterization	Mitral regurgitation severe	D
Cardiac catheterization Echocardiogram	Poor ejection fraction ≤35%	D D
Stress test	Peak exercise ≤7 METS	D
Pericardial disease:	Tear exercise 37 WETO	
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Ventricular ectopy:		
Medical record review	Documented life threatening arrhythmia	D
Holter	Uncontrolled ventricular rhythm	D
Medical record review Arrhythmia: supraventricular tachycardia:	Documented related syncope	D
Medical record review	Documented related syncope	D
Post heart transplant:	Bootimoritod related syrloope	
Medical record review	Post heart transplant	D
	BODY PART: CARDIAC	
	JOB TITLE: MACHINIST	
Angina:		
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Medical record review	Unstable as diagnosed by cardiologist	D
Stress test	Documented hypotensive response	D
Stress test: significant ST changes Aortic valve disease:	Definite ischemia ≤5 METS	D
Cardiac catheterization	Aortic gradient 25–50 mm HG.	
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Coronary artery disease:		
Myocardial infarction	Multiple infarctions	l D

Pt. 220, App. 3

Disability test	Test result	Disability classification
Echocardiogram	Confirmed ventricular aneurysm	D
Cardiac catheterization	Aortic gradient 25-50 mm Hg	D
Cardiac catheterization	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Medical record review	Unstable as diagnosed by a cardiologist	D
Stress test	Documented hypotensive response	D
Stress test	Definite ischemia ≤5 METS	D
Isotope, e.g., thallium study	Definite ischemia ≤5 METS	D
Cardiomyopathy:		
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Hypertension:		-
Medical record review	Diastolic ≤120 and systolic ≤160, 50% of	D
modical record review	the time and evidence of end organ	
	damage (blood creatinine ≤2; urinary	
	protein ≤½ gm; or EKG evidence of is-	
	chemia).	
Arrhythmia: heart block:	Griorina).	
Holter	Documented asystole length ≤1.5-2 sec-	D
110101	onds.	5
Medical record review	Documented syncope with proven arrhyth-	D
Woododi 10001d 10410W	mia.	5
Mitral valve disease:	Tillea.	
Cardiac catheterization	Mitral valve gradient ≥10 mm Hg	D
Cardiac catheterization	Mitral regurgitation severe	D
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise <5 METS	D
Pericardial disease:	T CAR EXCICISE 35 IVIL TO	В
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Ventricular ectopy:	1 001 6j608011 Hackott 500 /6	5
Medical record review	Documented life threatening arrhythmia	D
Holter	Uncontrolled ventricular rhythm	D
Medical record review	Documented related syncope	D
Arrhythmia: supraventricular tachycardia:	Documented related syncope	D
	Decumented related suppose	D
Medical record review	Documented related syncope	D
Post heart transplant:	Doot boost transplant	Б
Medical record review	Post heart transplant	D

BODY PART: CARDIAC JOB TITLE: SHOP LABORER

Angina:		
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Medical record review	Unstable as diagnosed by cardiologist	D
Stress test	Documented hypotensive response	D
Stress test: significant ST changes	Definite ischemia ≤5 METS	D
Aortic valve disease:		
Cardiac catheterization	Aortic gradient 25-50 mm HG.	
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Coronary artery disease:		
Myocardial infarction	Multiple infarctions	D
Echocardiogram	Confirmed ventricular aneurysm	D
Cardiac catheterization	Aortic gradient 25-50 mm Hg.	
Cardiac catheterization	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Medical record review	Unstable as diagnosed by a Cardiologist	D
Stress test	Documented hypotensive response	D
Stress test	Definite ischemia ≤5 METS	Ь
Isotope, e.g., thallium study	Definite ischemia <5 METS	D
Cardiomyopathy:		-
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise <5 METS	D
Hypertension:		-
Medical record review	Diastolic ≤120 and systolic ≤160, 50% of	D
Wiediodi Teoria Teview	the time and evidence of end organ	-
	damage (blood creatinine ≤2; urinary	
	protein ≤½ gm; or EKG evidence of is-	
	chemia).	

Railroad Retirement Board

Disability test	Test result	Disability classification
Arrhythmia: heart block:		
Holter	Documented asystole length ≤1.5–2 seconds.	D
Medical record review	Documented syncope with proven arrhythmia.	D
Mitral valve disease:		
Cardiac catheterization	Mitral valve gradient ≥10 mm Hg	D
Cardiac catheterization	Mitral regurgitation severe	D
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Pericardial disease:		
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Ventricular ectopy:		
Medical record review	Documented life threatening arrhythmia	D
Holter	Uncontrolled ventricular rhythm	D
Medical record review	Documented related syncope	D
Arrhythmia: supraventricular tachycardia:		
Medical record review	Documented related syncope	D
Post heart transplant:		
Medical record review	Post heart transplant	D

BODY PART: CARDIAC

JOB TITLE: SALES REPRESENTATIVE		
Angina:		
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Medical record review	Unstable as diagnosed by cardiologist	D
Stress test	Documented hypotensive response	D
Stress test: significant ST changes	Definite ischemia ≤5 METS	D
Aortic valve disease:	Bonning to the transfer of the	
Cardiac catheterization	Aortic gradient 25-50 mm HG	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Coronary artery disease:	T CUR CROTOIGE 30 INETO	
Myocardial infarction	Multiple infarctions	D
Echocardiogram	Confirmed ventricular aneurysm	D
Cardiac catheterization	Aortic gradient 25–50 mm Hg	D
Cardiac catheterization	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Medical record review	Unstable as diagnosed by a cardiologist	D
Stress test	Documented hypotensive response	D
Stress test	Definite ischemia ≤5 METS	D
Isotope, e.g., thallium study	Definite ischemia ≤5 METS	D
Cardiomyopathy:		
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Hypertension:		
Medical record review	Diastolic ≤120 and systolic ≤160, 50% of	D
	the time and evidence of end organ	
	damage (blood creatinine ≤2; urinary	
	protein ≤1/2 gm; or EKG evidence of is-	
	chemia).	
Arrhythmia: heart block:		
Holter	Documented asystole length ≤1.5-2 sec-	D
	onds.	
Medical record review	Documented syncope with proven arrhyth-	D
	mia.	
Mitral valve disease:		
Cardiac catheterization	Mitral valve gradient ≥10 mm Hg	D
Cardiac catheterization	Mitral regurgitation severe	D
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Pericardial disease:		
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Ventricular ectopy:	,	
Medical record review	Documented life threatening arrhythmia	D
Holter	Uncontrolled ventricular rhythm	D
Medical record review	Documented related syncope	D

Pt. 220, App. 3

Disability test	Test result	Disability classification
Arrhythmia: supraventricular tachycardia: Medical record review Post heart transplant: Medical record review	Documented related syncope Post heart transplant	D D
J	BODY PART: CARDIAC OB TITLE: GENERAL OFFICE CLERK	

JOB TITLE: GENERAL OFFICE CLERK		
Angina:		
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Medical record review	Unstable as diagnosed by cardiologist	D
Stress test	Documented hypotensive response	D
Stress test: significant ST changes	Definite ischemia ≤5 METS	D
Aortic valve disease:		
Cardiac catheterization	Aortic gradient 25-50 mm HG	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Coronary artery disease:		
Myocardial infarction	Multiple infarctions	D
Echocardiogram	Confirmed ventricular aneurysm	D
Cardiac catheterization	Aortic gradient 25–50 mm Hg	D
Cardiac catheterization	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Medical record review	Unstable as diagnosed by a Cardiologist	D
Stress test	Documented hypotensive response	D
Stress test	Definite ischemia ≤5 METS	D
Isotope, e.g., thallium study	Definite ischemia ≤5 METS	D
	Delinite ischemia 55 ME15	ט
Cardiomyopathy:	Donation for the company	B
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Arrhythmia: heart block:		_
Holter	Documented asystole length ≤1.5-2 sec-	D
	onds.	
Medical record review	Documented syncope with proven arrhyth-	D
	mia.	
Mitral valve disease:		
Cardiac catheterization	Mitral valve gradient ≥10 mm Hg	D
Cardiac catheterization	Mitral regurgitation severe	D
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Stress test	Peak exercise ≤5 METS	D
Pericardial disease:		
Cardiac catheterization	Poor ejection fraction ≤35%	D
Echocardiogram	Poor ejection fraction ≤35%	D
Ventricular ectopy:		
Medical record review	Documented life threatening arrhythmia	D
Holter	Uncontrolled ventricular rhythm	D
Medical record review	Documented related syncope	D
Arrhythmia: supraventricular tachycardia:		-
Medical record review	Documented related syncope	D
Post heart transplant:	Securior rotated by neoper	_
Medical record review	Post heart transplant	D
	1 oot noart transplant	

D. Respiratory

Confirmatory test	Minimum result	Requirements
BODY PART: RESPIRATORY CONFIRMATORY TESTS		
Asthma:		
Spirometry	FEV1/FVC ratio diminished	Recommended.
Spirometry	≤15% change with administration of bron- chodilator.	Recommended.
Methacholine challenge test	Positive: FEV1 decrease ≤20% at (PC <=8 mg/ml).	Recommended
Bronchiectasis:		
Medical record review	Chronic cough and sputum	Recommended.
Chest X-ray	Bronchiectasis demonstrated	Recommended.
Chest CAT scan	Bronchiectasis demonstrated	Recommended.
Chronic bronchitis:		
Medical record review	Frequent cough—2 years duration	Highly recommended.

Railroad Retirement Board

D. Respiratory—Continued

Confirmatory test	Minimum result	Requirements
Chronic obstructive pulmonary disease:		
Spirometry	FEV1/FVC ratio below 65% when stable	Highly recommended.
Spirometry	FEV1 below 75% of predicted when stable	Highly recommended.
Cor pulmonale:	,	
Electrocardiogram	Definite right ventricular hypertrophy	Recommended.
Echocardiogram	Definite right ventricular hypertrophy	Recommended.
Pulmonary fibrosis:	, , ,	
Lung biopsy	Diffuse fibrosis	Recommended.
Chest CAT scan	More than minimal fibrosis	Recommended.
Lung resection:		
Medical record review	At least one lobe resected	Highly recommended.
Pneumothorax:		
Medical record review	Required hospitalization with chest tube drainage.	Highly recommended.
Restrictive lung disease:		
Chest X-ray	Restrictive lung changes	Recommended.
DLCO	Abnormal	Highly recommended.
Chest CAT scan	Restrictive lung changes	Recommended.
Spirometry	FVC <75% predicted	Highly recommended.
Silicosis:	,	
Medical record review	Occupational exposure for at least 1 year	Highly recommended.
Tuberculosis:		
Chest X-ray	Evidence of changes consistent with tuber- culosis infection.	Recommended.
Culture	Positive	Recommended.
Disability test	Test result	Disability classification

BODY PART: RESPIRATORY

JOB TITLE: TRAINMAN Asthma: Repeated spirometry FEV1 <40% over a Spirometry 12 month period. Bronchiectasis: Resting ABG . PCO2 arterial ≤50 mm Hg if stable Pulmonary exercise test or exercise PO2 drop ≤5 torr at maximum exercise ABG. Maximum VO2 <15 ml/kg Definite positive right ventricular hyper-Pulmonary exercise test Electrocardiogram trophy. Chronic bronchitis: Repeated spirometry FEV1 <40% over a Spirometry 12 month period. PCO2 arterial ≤50 mm Hg if stablePO2 drop ≤5 torr at maximum exercise Resting ABG ... Pulmonary exercise test or exercise Maximum VO2 <15 ml/kg Definite positive right ventricular hyper-Pulmonary exercise test Electrocardiogram Chronic obstructive pulmonary disease Resting ABG PCO2 arterial ≤50 mm Hg if stable PO2 drop ≤5 torr at maximum exercise Pulmonary exercise test or exercise Pulmonary exercise test Maximum VO2 <15 ml/kg Electrocardiogram ... Definite positive right ventricular hypertrophy. Cor pulmonale: Electrocardiogram .. Definite positive right ventricular hyper-D trophy. Pulmonary fibrosis: PCO2 arterial ≤50 mm Hg if stable . Resting ABG ... D D Electrocardiogram Definite positive right ventricular hypertrophy. DLCO .. <45% predicted ... Pulmonary exercise test or exercise PO2 drop ≤5 torr at maximum exercise Pulmonary exercise test Maximum VO2 <15 ml/kg Spirometry FVC <50% predicted

Disability test	Test result	Disability classification
Lung resection:		
Electrocardiogram	Definite positive right ventricular hypertrophy.	D
Restrictive lung disease: DLCO	<45% predicted	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise	D
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Spirometry	FVC <50% predicted	D
Electrocardiogram	efinite positive right ventricular hypertrophy	D
Resting ABG	PCO2 arterial ≤50 mm Hg If stable	D
Electrocardiogram	Definite positive right ventricular hyper-	D
	trophy.	
	BODY PART: RESPIRATORY JOB TITLE: CARMAN	
Aathma		
Asthma: Spirometry	Repeated spirometry FEV1 <40% over a 12 month period.	D
Bronchiectasis:		
Resting ABG Pulmonary exercise test or exercise	PCO2 arterial ≤50 mm Hg if stable	D D
ABG.	PO2 drop ≤5 torr at maximum exercise	D
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Electrocardiogram	Definite positive right ventricular hyper-	D
Chronic bronchitis:	trophy.	
Spirometry	Repeated spirometry FEV1 <40% over a 12 month period.	D
Resting ABG	PCO2 arterial ≤50 mm Hg if stable	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise	D
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Electrocardiogram	Definite positive right ventricular hyper-	D
Chronic chatmostive nulmanan diagon	trophy.	
Chronic obstructive pulmonary disease (COPD):		
Resting ABG	PCO2 arterial ≤50 mm Hg if stable	D
Pulmonary exercise test or exercise	PO2 drop ≤5 torr at maximum exercise	D
ABG. Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Electrocardiogram	Definite positive right ventricular hyper-	D
	trophy.	
Cor pulmonale: Electrocardiogram	Definite positive right ventricular hyper-	D
Liectrocardiogram	trophy.	
Pulmonary fibrosis:		
Resting ABG	PCO2 arterial ≤50 mm Hg if stable	D D
Electrocardiogram	Definite positive right ventricular hypertrophy.	
DLCO	<45% predicted	D
Pulmonary exercise test or exercise	PO2 drop ≤5 torr at maximum exercise	D
ABG. Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Spirometry	FVC <50% predicted	D
Lung resection:		
Electrocardiogram	Definite positive right ventricular hypertrophy.	D
Restrictive lung disease:		
DLCO	<45% predicted	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise	D
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Spirometry	FVC <50% predicted	D
Electrocardiogram	Definite positive right ventricular hypertrophy.	D
Silicosis:	μοριιγ.	
Resting ABG	PCO2 arterial ≤50 mm Hg if stable	D
Electrocardiogram	Definite positive right ventricular hyper-	D
	trophy.	

Disability test	Test result	Disability classification
	BODY PART: RESPIRATORY JOB TITLE: SIGNALMAN	
Asthma:		
Spirometry	Repeated spirometry FEV1 <40% over a 12 month period.	D
Bronchiectasis: Resting ABG	PCO2 arterial ≤50 mm Hg if stable	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise	D
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Electrocardiogram	Definite positive right ventricular hypertrophy.	D
Chronic bronchitis: Spirometry	Repeated spirometry FEV1 <40% over a	D
Opnomeny	12 month period.	
Resting ABG Pulmonary exercise test or exercise ABG.	PCO2 arterial ≤50 mm Hg if stable PO2 drop ≤5 torr at maximum exercise	D D
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Electrocardiogram	Definite positive right ventricular hypertrophy.	D
Chronic obstructive pulmonary disease (COPD):		
Resting ABG Pulmonary exercise test or exercise ABG.	PCO2 arterial ≤50 mm Hg if stable PO2 drop ≤5 torr at maximum exercise	D D
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Electrocardiogram	Definite positive right ventricular hypertrophy.	D
Cor pulmonale: Electrocardiogram	Definite positive right ventricular hyper-	D
Electrocardiogram	trophy.	
Pulmonary fibrosis:		_
Resting ABG	PCO2 arterial ≤50 mm Hg if stable	D D
Pulmonary exercise test or exercise ABG.	<45% predicted PO2 drop ≤5 torr at maximum exercise	D
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Spirometry	FVC <50% predicted	D
Electrocardiogram	Definite positive right ventricular hypertrophy.	D
Lung resection: Electrocardiogram	Definite positive right ventricular hypertrophy.	D
Restrictive lung disease:		
Pulmonary exercise test or exercise	<45% predicted	D D
ABG. Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Spirometry	FVC <50% predicted	D
Electrocardiogram	Definite positive right ventricular hyper-	D
Silicosis:	trophy.	
Resting AGB Electrocardiogram	PCO2 arterial ≤50 mm Hg if stable Definite positive right ventricular hyper-	D D
	BODY PART: RESPIRATORY	
	JOB TITLE: TRACKMAN	
Asthma: Spirometry	Repeated spirometry FEV1 <40% over a	D
	12 month period.	
Bronchiectasis: Resting ABG	PCO2 arterial ≤50 mm Hg if stable	D
Pulmonary exercise test or exercise ABG.	PO2 ≤5 torr at maximum exercise	D
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Electrocardiogram Chronic bronchitis:	Definite positive right ventricular hypertrophy.	D
Spirometry	Repeated spirometry FEV1 <40% over a	D
	12 month period.	

Disability test	Test result	Disability classification
Resting ABG	PCO2 arterial ≤50 mm Hg if stable	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise	D
Pulmonary exercise test Electrocardiogram	Maximum VO2 <15 ml/kg Definite positive right ventricular hyper-	D D
	trophy.	
Chronic obstructive pulmonary disease (COPD):		
Resting ABG	PCO2 arterial ≤50 mm Hg if stable	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise	D
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Electrocardiogram	Definite positive right ventricular hypertrophy.	D
Cor pulmonale:		_
Electrocardiogram	Definite positive right ventricular hypertrophy.	D
Pulmonary fibrosis: Resting ABG	PCO2 arterial ≤50 mm Hg if stable	D
Electrocardiogram	Definite positive right ventricular hyper-	D
	trophy.	
DLCO	<45% predicted	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise	D
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Spirometry	FVC <50% predicted	D
Electrocardiogram	Definite positive right ventricular hypertrophy.	D
Restrictive lung disease:		
DLCO	<45% predicted	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise	D
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Spirometry Electrocardiogram	FVC <50% predicted	D D
Liectrocardiogram	trophy.	l B
Silicosis:		
Resting ABG	PCO2 arterial ≤50 mm Hg if stable	D
Electrocardiogram	Definite positive right ventricular hypertrophy.	D
	BODY PART: RESPIRATORY JOB TITLE: MACHINIST	
Asthma:		
Spirometry	Repeated spirometry FEV1 <40% over a	D
	12 month period.	_
Bronchiectasis:	·	

Asthma:	Departed oniversative EEV4 ×400/ over a	_
Spirometry	Repeated spirometry FEV1 <40% over a 12 month period.	D
Bronchiectasis:		
Resting ABG	PCO2 arterial ≤50 mm Hg if stable	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise	D
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Electrocardiogram	Definite positive right ventricular hypertrophy.	D
Chronic bronchitis:		
Spirometry	Repeated spirometry FEV1 <40% over a 12 month period.	D
Resting AGB	PCO2 arterial ≤50 mm Hg if stable	Ь
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise	D
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Electrocardiogram	Definite positive right ventricular hypertrophy.	D
Chronic obstructive pulmonary disease	' '	
(COPD):		
Resting ABG	PCO2 arterial ≤50 mm Hg if stable	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise	D
Pulmonary exercise test	Maximum VO2 <15 ml/kg	Ь
Electrocardiogram	Definite positive right ventricular hypertrophy.	D
Cor pulmonale:	' '	
Electrocardiogram	Definite positive right ventricular hypertrophy.	D

Disability test	Test result	Disability classification
Pulmonary fibrosis:		
Resting ABG	PCO2 arterial ≤50 mm Hg if stable	D
Electrocardiogram	Definite positive right ventricular hyper-	D
	trophy.	
DLCO	<45% predicted	D
Pulmonary exercise test or exercise	PO2 drop ≤5 torr at maximum exercise	D
ABG.	14 : 1/00 45 1/1	
Pulmonary exercise test	Maximum VO2 <15 ml/kgFVC <50% predicted	D D
ung resection:	1 VC <50% predicted	
Electrocardiogram	Definite positive right ventricular hyper-	D
2.001.004.4109.411	trophy.	
estrictive lung disease:		
DLCO	<45% predicted	D
Pulmonary exercise test or exercise	PO2 drop ≤5 torr at maximum exercise	D
ABG. Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Spirometry	FVC <50% predicted	D
Electrocardiogram	Definite positive right ventricular hyper-	D
	trophy.	
ilicosis:		
Resting ABG	PCO2 arterial ≤50 mm Hg if stable	D
Electrocardiogram	Definite positive right ventricular hyper-	D
	trophy.	
	BODY PART: RESPIRATORY JOB TITLE: SHOP LABORER	
ath mag.		
Asthma: Spirometry	Repeated spirometry FEV1 <40% over a	D
Opilotticity	12 month period.	
ronchiectasis:	12 monar ponea.	
Resting ABG	PCO2 arterial ≤50 mm Hg if stable	D
Pulmonary exercise test or exercise	PO2 drop ≤5 torr at maximum exercise	D
ABG.		
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Electrocardiogram	Definite positive right ventricular hyper-	D
	trophy.	
chronic bronchitis:	Deposted enirometry FEV/1 (400/ ever a	D
Spirometry	Repeated spirometry FEV1 <40% over a 12 month period.	D
Resting ABG	PCO2 arterial ≤50 mm Hg if stable	D
Pulmonary exercise test or exercise	PO2 drop ≤5 torr at maximum exercise	D
ABG.	. 52 drop 20 ton at maximum exercise	-
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Electrocardiogram	Definite positive right ventricular hyper-	D
	trophy.	
thronic obstructive pulmonary disease		
(COPD): Resting ABG	PCO2 arterial ≤50 mm Hg if stable	D
Pulmonary exercise test or exercise	PO2 drop ≤5 torr at maximum exercise	ם
ABG.	1 02 drop 50 ton at maximum exercise	
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Electrocardiogram	Definite positive right ventricular hyper-	D
•	trophy.	
or pulmonale:		
Electrocardiogram	Definite positive right ventricular hyper-	D
ulmonary fibrosis:	trophy.	
Resting ABG	PCO2 arterial ≤50 mm Hg if stable	D
DLCO	<45% predicted	D D
Pulmonary exercise test or exercise	PO2 drop ≤5 torr at maximum exercise	D
ABG.	,	
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D

Maximum VO2 <15 ml/kg FVC <50% predicted Definite positive right ventricular hyper-

Definite positive right ventricular hyper- D

trophy.

trophy.

Pulmonary exercise test Spirometry

Lung resection:
Electrocardiogram

Restrictive lung disease:
DLCO

Pt. 220, App. 3

Disability test	Test result	Disability classification
Pulmonary exercise test	Maximum VO2 <15 ml/kg	D
Spirometry	FVC <50% predicted	D
Electrocardiogram	Definite positive right ventricular hypertrophy.	D
Silicosis:		
Resting ABG	PCO2 arterial ≤50 mm Hg if stable	D
Electrocardiogram	Definite positive right ventricular hypertrophy.	D

E. Lumbar Sacral Spine

E. Lumbar Sacrai Spine			
Confirmatory test	Minimum result	Requirements	
BODY PART: LS SPINE CONFIRMATORY TESTS			
Ankylosing spondylitis:			
X-ray-lumbar sacral spine	Sacroilitis	Highly recommended.	
HLA B27 (blood test)	Positive HLA B27 (90% case)	Recommended.	
Backache, unspecified:			
Medical record review	History of back pain under medical treat- ment for at least 1 year.	Highly recommended.	
Medical record review	History of back pain unresponsive to ther-	Highly recommended.	
Medical record review	apy for at least 1 year.	rlightly recontinenced.	
Medical record review	History of back pain with functional limita-	Highly recommended.	
Wicdioal record review	tions for at least 1 year.	Tilgrily recommended.	
Chronic back pain, not otherwise spec-			
ified:.			
Medical record review	History of back pain under medical treat-	Highly recommended.	
	ment for at least 1 year.		
Medical record review	History of back pain unresponsive to ther-	Highly recommended.	
	apy for at least 1 year.		
Medical record review	History of back pain with functional limita-	Highly recommended.	
	tions for at least 1 year.		
Cauda equina syndrome with bowel or			
bladder dysfunction:.	Named invariance and of an inclusion in the last	Danage dad	
Magnetic resonance imaging	Neural impingement of spinal nerves below L1.	Recommended.	
Computerized tomography	Neural impingement of spinal nerves below	Recommended.	
Computerized tomography	L1.	necommended.	
Cystometrogram	Impaired bladder function	Recommended.	
Rectal examination	Diminished rectal sphincter tone	Recommended.	
Myelogram	Neural impingement of spinal nerves below	Recommended.	
,9	L1.		
Degeneration of lumbar disc:			
X-ray lumbar sacral spine	Significant degenerative disc changes	Recommended.	
Computerized tomography	Significant degenerative disc changes	Recommended.	
Magnetic resonance imaging	Significant degenerative disc changes	Recommended.	
Myelogram	Significant degenerative disc changes	Recommended.	
Displacement of lumbar disc:.			
X-ray-lumbar sacral spine	Significant degenerative disc changes	Recommended.	
Computerized tomography	Significant degenerative disc changes	Recommended.	
Magnetic resonance imaging	Significant degenerative disc changes	Recommended.	
Myelogram	Significant degenerative disc changes	Recommended.	
Fracture: vertebral body:	Freeture westehaal heeld	Recommended.	
Magnetic resonance imaging	Fracture vertebral body	Recommended.	
Computerized tomography X-ray-lumbar sacral spine	Fracture vertebral body Fracture vertebral body	ommended.	
Fracture: posterior element with spinal	Tracture vertebrar body	ommended.	
canal displacement:			
Magnetic resonance imaging	Fracture posterior spinal element with dis-	Recommended.	
magness recentance imaging immining	placement of spinal canal.	Tiodonimonada.	
Computerized tomography	Fracture posterior spinal element with dis-	Recommended.	
,	placement of spinal canal.		
X-ray-lumbar sacral spine	Fracture posterior spinal element with dis-	Recommended.	
•	placement of spinal canal.		
Fracture: posterior spinal element with			
no displacement:.			
X-ray-lumbar sacral spine	Fracture posterior spinal element	Recommended.	
Magnetic resonance imaging	Fracture posterior spinal element	Recommended.	
Computerized tomography	Fracture posterior spinal element	Recommended.	
Fracture: spinous process:	1		
X-ray-lumbar sacral spine	Spinous process fracture	Recommended.	

E. Lumbar Sacral Spine—Continued

Confirmatory test	Minimum result	Requirements
Magnetic resonance imaging	Spinous process fracture	Recommended.
Computerized tomography	Spinous process fracture	Recommended.
Fracture: Transverse process:	Transverse areases fronting	Basammandad
Lumbar sacral spine Magnetic resonance imaging	Transverse process fracture	Recommended. Recommended.
Computerized tomography	Transverse process fracture	Recommended.
Intervertebral disc disorder:	Transferse process mastars minimum.	11000111110110001
X-ray-lumbar sacral spine	Significant disc degeneration	Recommended.
Magnetic resonance imaging	Significant disc degeneration	Recommended.
Computerized tomography	Significant disc degeneration	Recommended.
Myelogram Lumbago:	Significant disc degeneration	Recommended.
Medical record review: lumbar	History of back pain under medical treat-	Highly recommended.
Medical record review: lumbar	ment for at least 1 year. History of back pain unresponsive to ther-	Highly recommended.
	apy for at least 1 year.	riigiliy recommended.
Medical record review: lumbar	History of back pain with functional limitations for at least 1 year.	Highly recommended.
Lumbosacral neuritis:	lions for at least 1 year.	
Magnetic resonance imaging	Evidence of neural compression	Recommended.
Electromyography	Definite denervation	Recommended.
Nerve conduction velocity	Definite slowing	Recommended.
Physical examination—atrophy	Atrophy in affected limb with 2 cm dif-	Recommended.
Physical examination: straight leg raise	ference between limbs. Positive straight leg raise	Recommended.
Sensory examination	Loss of sensation in affected dermatomes	Recommended.
Medical history	History of radicular pain	Highly recommended.
Computerized tomography	Evidence of neural compression	Recommended.
Lumbar spinal stenosis: Computerized tomography	Significant narrowing: spinal cord canal or	Recommended.
Magnetic resonance imaging	intervertebral foramen. Significant narrowing: spinal cord canal or	Recommended.
Myelogram	intervertebral foramen. Significant narrowing: spinal cord canal or	Recommended.
, o.og. a	intervertebral foramen.	Tiodoninionada.
Mechanical complication of internal ortho-		
pedic device:	Become at the set follows of involved to	I limber on a second of
Medical record review	Documentation of failure of implant following surgical procedure.	Highly recommended.
Osteomalacia:	lowing surgical procedure.	
X-ray-lumbar sacral spine	Evidence of significant osteomalacia	Recommended.
Magnetic resonance imaging	Evidence of significant osteomalacia	Recommended.
Computerized tomography	Evidence of significant osteomalacia	Recommended.
Osteomyelitis, chronic-lumbar:		
X-ray-lumbar sacral spine	Evidence of chronic infection	Recommended.
Magnetic resonance imaging Computerized tomography	Evidence of chronic infection	Recommended. Recommended.
Osteoporosis:	Landerioe of official infection	Ticcommended.
Computerized tomography	Significant bone density loss	Recommended.
Dual photon absorptiometry	Significant bone density loss	Recommended.
X-ray-lumbar sacral spine	Significant bone density loss	Recommended.
Post laminectomy syndrome with		
radiculopathy: Medical record review: lumbar	Documented surgical history of	Highly recommended.
Magnetia recononce imperime	laminectomy.	Basammandad
Magnetic resonance imaging Electromyography	Evidence of laminectomy Definite denervation	Recommended. Recommended.
Nerve conduction velocity	Definite deflervation	Recommended.
Physical examination—atrophy	Atrophy in affected limb with 2 cm difference between limbs.	Recommended.
Physical examination: straight leg raise	Positive straight leg raise	Recommended.
Sensory examination	Loss of sensation in affected dermatomes	Recommended.
Medical record review: lumbar	History of radicular pain	Highly recommended.
Computerized tomography	Evidence of laminectomy	Recommended.
Myelogram Radiculopathv:	Evidence of laminectomy	Recommended.
Magnetic resonance imaging	Evidence of neural compression	Recommended.
Electromyography	Definite denervation	Recommended.
Nerve conduction velocity	Definite slowing	Recommended.
Physical examination—atrophy	Atrophy in affected limb with 2 cm difference between limbs.	Recommended.
Physical examination: straight leg raise	Positive straight leg raise	Recommended.

20 CFR Ch. II (4-1-10 Edition)

E. Lumbar Sacral Spine—Continued

Loss of sensation in affected dermatomes distory of radicular pain Evidence of neural compression Evidence of neural compression Definite denervation Definite denervation Definite slowing Defin	Recommended. Highly recommended. Recommended. Recommended. Recommended. Recommended. Recommended. Recommended. Recommended. Recommended. Highly recommended. Highly recommended. Highly recommended. Highly recommended.
Evidence of neural compression Evidence of neural compression Definite denervation Definite slowing Atrophy in affected limb with 2 cm difference between limbs. Positive straight leg raise Loss of sensation in affected dermatomes distory of radicular pain Evidence of neural compression Evidence of neural compression History of back pain under medical treatment for at least 1 year. History of back pain unresponsive to therapy for at least 1 year. History of back pain with functional limitations for at least 1 year. Documented history of strain and/or sprain	Recommended. Highly recommended. Highly recommended. Highly recommended.
Evidence of neural compression Evidence of neural compression Definite denervation Definite slowing Mitrophy in affected limb with 2 cm difference between limbs. Positive straight leg raise Joss of sensation in affected dermatomes distory of radicular pain Evidence of neural compression Evidence of neural compression History of back pain under medical treatment for at least 1 year. History of back pain unresponsive to therapy for at least 1 year. History of back pain with functional limitations for at least 1 year. Documented history of strain and/or sprain	Recommended. Recommended. Recommended. Recommended. Recommended. Recommended. Recommended. Recommended. Recommended. Highly recommended. Highly recommended. Highly recommended.
Evidence of neural compression Definite denervation Definite slowing Definite straight leg raise Desitive slowing Desitive slow	Recommended. Recommended. Recommended. Recommended. Recommended. Recommended. Highly recommended. Recommended. Recommended. Recommended. Highly recommended. Highly recommended.
Definite denervation Definite slowing De	Recommended. Recommended. Recommended. Recommended. Recommended. Highly recommended. Recommended. Recommended. Recommended. Highly recommended. Highly recommended.
Definite denervation Definite slowing De	Recommended. Recommended. Recommended. Recommended. Recommended. Highly recommended. Recommended. Recommended. Recommended. Highly recommended. Highly recommended.
Definite slowing	Recommended. Recommended. Recommended. Recommended. Highly recommended. Recommended. Recommended. Highly recommended. Highly recommended.
Atrophy in affected limb with 2 cm difference between limbs. Positive straight leg raise Loss of sensation in affected dermatomes distory of radicular pain Lividence of neural compression Lividence of neural compression Listory of back pain under medical treatment for at least 1 year. History of back pain unresponsive to therapy for at least 1 year. History of back pain with functional limitations for at least 1 year. Locumented history of strain and/or sprain	Recommended. Recommended. Highly recommended. Recommended. Recommended. Recommended. Highly recommended. Highly recommended.
ference between limbs. Positive straight leg raise coss of sensation in affected dermatomes distory of radicular pain Vidence of neural compression Vidence	Recommended. Recommended. Highly recommended. Recommended. Recommended. Highly recommended. Highly recommended.
oss of sensation in affected dermatomes distory of radicular pain	Recommended. Highly recommended. Recommended. Recommended. Highly recommended. Highly recommended.
oss of sensation in affected dermatomes distory of radicular pain	Highly recommended. Recommended. Recommended. Highly recommended. Highly recommended.
Evidence of neural compression	Recommended. Recommended. Highly recommended. Highly recommended.
Evidence of neural compression	Recommended. Highly recommended. Highly recommended.
History of back pain under medical treatment for at least 1 year. History of back pain unresponsive to therapy for at least 1 year. History of back pain with functional limitations for at least 1 year. Documented history of strain and/or sprain	Highly recommended. Highly recommended.
ment for at least 1 year. -listory of back pain unresponsive to therapy for at least 1 year. -listory of back pain with functional limitations for at least 1 year. -locumented history of strain and/or sprain -25% slippage	Highly recommended.
ment for at least 1 year. -listory of back pain unresponsive to therapy for at least 1 year. -listory of back pain with functional limitations for at least 1 year. -locumented history of strain and/or sprain -25% slippage	Highly recommended.
ment for at least 1 year. -listory of back pain unresponsive to therapy for at least 1 year. -listory of back pain with functional limitations for at least 1 year. -locumented history of strain and/or sprain -25% slippage	
apy for at least 1 year. History of back pain with functional limitations for at least 1 year. Documented history of strain and/or sprain 1–25% slippage	
History of back pain with functional limita- tions for at least 1 year. Documented history of strain and/or sprain 1–25% slippage	
tions for at least 1 year. Documented history of strain and/or sprain 1–25% slippage	
Occumented history of strain and/or sprain 1-25% slippage	Highly recommended.
1–25% slippage	
	Highly recommended.
	Recommended.
I-25% slippage	Recommended.
I-25% slippage	Recommended.
20 500/ 1	
26–50% slippage	Recommended.
26–50% slippage	Recommended.
26-50% slippage	Recommended.
1 7E0/ climana	Recommended.
	Recommended.
	Recommended.
1-75% Silppage	necommended.
Complete elippede	Recommended.
	Recommended.
	Recommended.
Joinpiete Silppage	riecommended.
Slippage	Recommended.
	Recommended.
	Recommended.
s.ppage	- riocommonaca:
Defect—pars interarticularis	Recommended.
Defect—pars interarticularis	Recommended.
Defect—pars interarticularis	Recommended.
•	
History of back pain under medical treat-	Highly recommended.
ment for at least 1 year.	- ,
History of back pain unresponsive to ther-	Highly recommended.
apy for at least 1 year.	- ,
History of back with functional limitations	Highly recommended.
for at least 1 year.	_
Documented history of strain and/or sprain	Highly recommended.
History of back pain under medical treat-	Highly recommended.
History of back pain unresponsive to ther-	Highly recommended.
apy for at least 1 year.	
History of back pain with functional limita-	Highly recommended.
tions for at least 1 year.	
Documented history of strain and/or sprain	Highly recommended.
Test result	Disability classification
	,
BODY PART: LS SPINE	
BODY PART: LS SPINE JOB TITLE: TRAINMAN	
26 STATE COOK SIGNATURE OF THE STATE OF THE	3–50% slippage 1–75% slippage 1–75% slippage 1–75% slippage omplete slippage omplete slippage omplete slippage omplete slippage ilippage lippage lippage lippage efect—pars interarticularis efect—pars interarticularis sistory of back pain under medical treatment for at least 1 year. istory of back with functional limitations for at least 1 year. ocumented history of strain and/or sprain istory of back pain under medical treatment for at least 1 year.

Disability test	Test result	Disability classification
Backache, unspecified:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Chronic back pain, not otherwise specified:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Cauda equina syndrome with bowel or		
bladder dysfunction: Computerized tomography	Disc extrusion with neural impingement,	D
compatenzea temegrapiny	nerves < L1.	
Magnetic resonance imaging	Disc extrusion with neural impingement,	D
5	nerves < L1.	
Physical examination	Lower extremity weakness	D D
Cystometrogram	Impaired bladder function	D
Wyologian	nerves <l1.< td=""><td></td></l1.<>	
Physical examination: rectal	Impairment of sphincter tone	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Degeneration of lumbar disc:	<u> </u>	
Computerized tomography	Disc extrusion with neural impingement	D D
Magnetic resonance imaging Myelogram	Disc extrusion with neural impingement Disc extrusion with neural impingement	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Displacement of lumbar disc:		
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Muscle strength assessment Fracture: vertebral body:	Lifting capacity diminished by 50%	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: posterior spinal element with dis-	Ziming supusity diministrated by 66% imministrated	
placement:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: posterior spinal element with no		
displacement: Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: spinous process:	Litting capacity diffillistied by 50%	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture transverse process:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Intervertebral disc disorder:	Lifeting and the disciplinate of the 500/	
Muscle strength assessment Computerized tomography	Lifting capacity diminished by 50%	D D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Lumbago:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Lumbosacral neuritis:	<u> </u>	
Computerized tomography	Disc extrusion with neural impingement	D D
Magnetic resonance imaging Myelogram	Disc extrusion with neural impingement Disc extrusion with neural impingement	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Physical examination	Lower extremity weakness	D
Lumbar spinal stenosis:	,	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Significant narrowing of the spinal canal	D
Magnetic resonance imaging Myelogram	Significant narrowing of the spinal canal	D D
Physical examination	Significant narrowing of the spinal canal Significant lower extremity weakness	D
Mechanical complication of internal ortho-	o.gour lower extremity weakiness	_
pedic device:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension	Segmental instability	D
Osteomalacia:	Lifting conceits diminists of the 500/	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Medical record review	Frequent flare-ups with objective findings	D
Osteoporosis:	and the second s	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Post laminectomy syndrome with		
radiculopathy:	I William and a state of the st	
Muscle strength assessment Computerized tomography	Lifting capacity diminished by 50%	D D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram		

Disability test	Test result	Disability classification
Physical examination	Significant lower extremity weakness	D
Post laminectomy syndrome:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography Magnetic resonance imaging	Disc extrusion with neural impingement	D D
Myelogram	Disc extrusion with neural impingement Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
X-ray flexion/extension	Segmental instability	D
Radiculopathy:	,	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging Myelogram	Disc extrusion with neural impingement Disc extrusion with neural impingement	D D
Physical examination	Significant lower extremity weakness	D
Sciatica:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D D
Physical examination Strains and sprains, unspecified:	Significant lower extremity weakness	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Spondylolisthesis grade 1:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension	Segmental instability	D
Spondylolisthesis grade 2:		_
Muscle strength assessment	Lifting capacity diminished by 50%	D
Spondylolisthesis grade 3:	Lifting consoity diminished by E09/	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension	Segmental instability	D
Spondylolisthesis—acquired:		
X-ray flexion/extension	Segmental instability	D
Spondylolysis:		_
X-ray flexion/extension	Segmental instability	D
Sprains and strains, sacral: Muscle strength assessment	Lifting capacity diminished by 50%	D
Sprains and strains, sacroiliac:	Litting capacity diffillinglied by 30 /6	5
Muscle strength assessment	Lifting capacity diminished by 50%	D
Vertebral body compression fracture:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
	BODY PART: LS SPINE	
	JOB TITLE: ENGINEER	
Cauda equina syndrome with bowel or		
bladder dysfunction:	<u> </u>	
Computerized tomography	Disc extrusion with neural impingement,	D
Magnetic resonance imaging	nerves <l1.< td=""><td>D</td></l1.<>	D
Magnetic resonance imaging	Disc extrusion with neural impingement, nerves <l1.< td=""><td></td></l1.<>	
Physical examination	Lower extremity weakness	D
Cystometrogram	Impaired bladder function	D
Myelogram	Disc extrusion with neural impingement,	D
	nerves <l1.< td=""><td>_</td></l1.<>	_
Physical examination: rectal	Impairment of sphincter tone	D
	BODY PART: LS SPINE	
	JOB TITLE: CARMAN	
Ankyloging enondylitie:		
Ankylosing spondylitis: Muscle strength assessment	Lifting capacity diminished by 50%	D
Backache, unspecified:	Litting capacity diffillistica by 50%	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Chronic back pain, not otherwise specified:	3 ,	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Cauda equina syndrome with bowel or		
bladder dysfunction:	Dies sydmusian with accord to the	<u></u>
Computerized tomography	Disc extrusion with neural impingement,	D
Magnetic resonance imaging	nerves <l1. disc="" extrusion="" impingement,<="" neural="" td="" with=""><td>D</td></l1.>	D
agone recondition inaging	nerves <l1.< td=""><td></td></l1.<>	
Physical examination	Lower extremity weakness	D
•	•	

Disability test	Test result	Disability classification
Cystometrogram	Impaired bladder function	D
Myeolgram	Disc extrusion with neural impingement,	D
Physical examination: roctal	nerves <l1. impairment="" of="" sphincter="" td="" tone<=""><td>D</td></l1.>	D
Physical examination: rectal Muscle strength assessment	Lifting capacity diminished by 50%	D
Degeneration of lumbar disc:	Enting dapasity diffinitioned by 50%	
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Displacement of lumbar disc: Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: vertebral body:		_
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: posterior spinal element with dis- placement:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: posterior spinal element with no	3	
displacement:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: spinous process:	Little it - dissist to 11 - 500/	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture transverse process: Muscle strength assessment	Lifting capacity diminished by 50%	D
Intervertebral disc disorder:	Enting dapasity diffinitioned by 50%	5
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Lumbago: Muscle strength assessment	Lifting capacity diminished by 50%	D
Lumbosacral neuritis:	Litting capacity diffillished by 50 %	٥
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Physical examination	Lower extremity weakness	D
Lumbar spinal stenosis:	Lifting consoity diminished by E09/	D
Muscle strength assessment Computerized tomography	Lifting capacity diminished by 50%	D
Magnetic resonance imaging	Significant narrowing of the spinal canal	D
Myelogram	Significant narrowing of the spinal canal	D
Physical examination	Significant lower extremity weakness	D
Mechanical complication of internal ortho-		
pedic device:	Lifeting and a standing in the district and the COO.	
Muscle strength assessment X-ray flexion/extension	Lifting capacity diminished by 50%	D D
Osteomalacia:	Segmental instability	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Osteomyelitis, chronic-lumbar:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Medical record review	Frequent flare-ups with objective findings	D
Osteoporosis:	l	_
Muscle strength assessment	Lifting capacity diminished by 50%	D
Post laminectomy syndrome with radiculopathy:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
Post laminectomy syndrome:	Lifting conceits diminists of the 500/	<u></u>
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography Magnetic resonance imaging	Disc extrusion with neural impingement Disc extrusion with neural impingement	D D
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
X-ray flexion/extension	Segmental instability	D
Radiculopathy:	,	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	l D

Disability test	Test result	Disability classification
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
Sciatica:	,	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
Strains and sprains, unspecified:	,	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Spondylolisthesis grade 1:	3, ,	
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension	Segmental instability	D
Spondylolisthesis grade 2:	,	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Spondylolisthesis grade 3:		
Muscle strength assessment	Lifting capacity diminshed by 50%	D
Spondylolisthesis grade 4:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension	Segmental instability	D
Spondylolisthesis-acquired:		
X-ray flexion/extension	Segmental instability	D
Spondylolysis:		
X-ray flexion/extension	Segmental instability	D
Sprains and strains, sacral:		
Muscle strength assessment	Lifting capacity diminshed by 50%	D
Sprains and strains, sacroiliac:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Vertebral body compression fracture:	,	
Muscle strength assessment	Lifting capacity diminshed by 50%	D

BODY PART: LS SPINE JOB TITLE: SIGNALMAN

Ankylosing spondylitis:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Chronic back pain, not otherwise specified: Muscle strength assessment	Lifting capacity diminished by 50%	D
Cauda equina syndrome with bowel or bladder dysfunction:	Litting capacity diffillished by 50%	D
Computerized tomography	Disc extrusion with neural impingement, nerves <l1.< td=""><td>D</td></l1.<>	D
Magnetic resonance imaging	Disc extrusion with neural impingement, nerves <l1.< td=""><td>D</td></l1.<>	D
Physical examination	Lower extremity weakness	D
Cystometrogram	Impaired bladder function	D
Myelogram	Disc extrusion with neural impingement, nerves <l1.< td=""><td>D</td></l1.<>	D
Physical examination: rectal	Impairment of sphincter tone	D
Muscle strength assessment Degeneration of lumbar disc:	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Displacement of lumbar disc:		
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Muscle strength assessment Fracture: vertebral body:	Lifting capacity diminished by 50%	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: posterior spinal element with dis-		
placement:	Lifting conseits diminished by E00/	D
Muscle strength assessment Fracture: posterior spinal element with no	Lifting capacity diminished by 50%	
displacement: Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: spinous process:		_
Muscle strength assessment Fracture transverse process:	Lifting capacity diminished by 50%	D
	Lifting capacity diminished by 50%	D

Intervertebral disc disorder: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Lumbago: Muscle strength assessment Lumbosacral neuritis: Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Lumbar spinal stenosis: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Myelogram Myelogram Myelogram Modehanical complication of internal orthopedic device: Muscle strength assessment Computerized tomography Myelogram Physical examination Myelogram Physical examination Myelogram Myelogram Myelogram Myelogram Physical examination Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Myelogram Physical examination Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Myelogram Physical examination Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Significant lower extremity weakn Significant lower extremity weakn Muscle strength assessment Lifting capacity diminished by 50° Disc extrusion with neural imping Disc extrusion with neur	gement D	
Computerized tomography Myelogram Disc extrusion with neural imping Myelogram Disc extrusion with neural imping Myelogram Magnetic resonance imaging Muscle strength assessment Lifting capacity diminished by 50° Lower extremity weakness Disc extrusion with neural imping Significant narrowing of the spina Significant lower extremity weakn search and spinal part part of the spina significant narrowing of the spina Significant narrowing of the spina significant narrowing of the spina sig	gement D	
Magnetic resonance imaging Myelogram Disc extrusion with neural imping Disc extrusion with neural imping Magnetic resonance imaging Myelogram Disc extrusion with neural imping Myelogram Disc extrusion with neural imping Myelogram Disc extrusion with neural imping Myelogram Disc extrusion with neural imping Disc		
Lumbago: Muscle strength assessment Lumbosacral neuritis: Computerized tomography Muscle strength assessment Lifting capacity diminished by 50° Muscle strength assessment Lifting capacity diminished by 50° Muscle strength assessment Computerized tomography Muscle strength assessment Computerized tomography Magnetic resonance imaging Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Mechanical complication of internal orthopedic device: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Post laminectomy syndrome Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Post laminectomy syndrome: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Sciatica: Muscle strength assessment Lifting	gement D	
Lumbago: Muscle strength assessment Lumbosacral neuritis: Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Lumbar spinal stenosis: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Muscle strength assessment Muscle strength assessment Medical record review Osteomyelitis, chronic-lumbar: Muscle strength assessment Muscle strength assessment Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Post laminectomy syndrome Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sotal assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Lifting capacity diminished by 50° Disc extrusion with neural imping		
Lumbosacral neuritis: Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Lumbar spinal stenosis: Muscle strength assessment Computerized tomography Magnetic resonance imaging Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Myelogram Myelogram Myelogram Myelogram Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Saliculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Lifting capacity diminished by 50° Disc extrusion with neural imping Disc extru	gement D	
Lumbosacral neuritis: Computerized tomography Magnetic resonance imaging Muscle strength assessment Mechanical creor review Osteomyelitis, chronic-lumbar: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Muscle strength assessment Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Scatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Scatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Lifting capacity diminished by 50° Disc extrusion with neural imping Di	·	
Computerized tomography Magnetic resonance imaging Myelogram Disc extrusion with neural imping Lifting capacity diminished by 50° Lower extremity weakness Lifting capacity diminished by 50° Significant narrowing of the spina Signifi)% D	
Magnetic resonance imaging Myelogram Muscle strength assessment Physical examination Muscle strength assessment Computerized tomography Myelogram Myelogram Myelogram Myelogram Mechanical complication of internal orthopedic device: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Post laminectomy syndrome Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Significant lower extremity weakn Significant lower extremity weakn Significant lower extremity weakn Segmental instability Disc extrusion with neural imping Disc extrusion with neural impin		
Myselogram	gement D	
Muscle strength assessment Physical examination Lumbar spinal stenosis: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Cotseoprosis: Muscle strength assessment Cotseoprosis: Muscle strength assessment Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Significant lower extremity weakn Disc extrusion with neural imping Disc		
Lumbar spinal stenosis: Muscle strength assessment Computerized tomography Magnetic resonance imaging Muscle strength assessment Muscle strength assessment Muscle device: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Muscle strength assessment Lifting capacity diminished by 50° Disc extrusion with neural imping	gement D	
Lumbar spinal stenosis: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Osteomalacia: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Muscle strength assessment Muscle strength assessment Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Sciatica: Muscle strength assessm		
Lumbar spinal stenosis: Muscle strength assessment Computerized tomography Myelogram Myelogram Myelogram Myelogram Mechanical complication of internal orthopedic device: Muscle strength assessment X-ray flexion/extension Osteomalacia: Muscle strength assessment Coteoporosis: Muscle strength assessment Computerized tomography Myelogram Physical examination Muscle strength assessment Muscle strength assessment Muscle strength assessment Computerized tomography Myelogram Physical examination X-ray flexion/extension Magnetic resonance imaging Myelogram Physical examination Significant narrowing of the spina Significant lower extremity weakn Lifting capacity diminished by 50° Frequent flare-ups with objective Lifting capacity diminished by 50° Disc extrusion with neural imping Disc extrusion with neural		
Computerized tomography Magnetic resonance imaging Myelogram Physical examination Mechanical complication of internal orthopedic device: Muscle strength assessment Aray flexion/extension Osteomalacia: Muscle strength assessment Costeoprosis: Muscle strength assessment Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Disc extrusion with neural imping Disc extrusion		
Computerized tomography Magnetic resonance imaging Myelogram Physical examination Mechanical complication of internal orthopedic device: Muscle strength assessment Costeoprosis: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Post laminectomy syndrome: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Disc extrusion with neural imping Disc extrusion with n)% D	
Magnetic resonance imaging Myelogram Myelogram Myelogram Myelogram Mechanical complication of internal orthopedic device: Muscle strength assessment X-ray flexion/extension Osteomalacia: Muscle strength assessment Coteoporosis: Muscle strength assessment Muscle strength assessment Computerized tomography Myelogram Physical examination Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination X-ray flexion/extension Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Myelogram Physical examination Significant lower extremity weakn Strians and sprains, unspecified: Muscle strength assessment Spondylolisthesis grade 1: Muscle strength assessment Lifting capacity diminished by 50° Segmental instabilit		
Myelogram Significant narrowing of the spina Significant lower extremity weakn Mechanical complication of internal orthopedic device: Muscle strength assessment Strong the spina Significant lower extremity weakn Medical record review Strength assessment Medical record review Muscle strength assessment Medical record review Muscle strength assessment Muscle strength assessment Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Physical examination Sciatica: Muscle strength assessment Computerized tomography Disc extrusion with neural imping		
Physical examination Mechanical complication of internal orthopedic device: Muscle strength assessment X-ray flexion/extension Osteomalacia: Muscle strength assessment Costeoporosis: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Strains and sprains, unspecified: Muscle strength assessment X-ray flexion/extension Spondylolisthesis grade 1: Muscle strength assessment Spondylolisthesis grade 2: Muscle strength assessment Lifting capacity diminished by 50° Disc extrusion with neural imping Disc extrus		
Mechanical complication of internal orthopedic device: Muscle strength assessment		
pedic device: Muscle strength assessment X-ray flexion/extension Osteomalacia: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Disc extrusion with neural imping Disc extrusion with neural imping	_	
Muscle strength assessment Osteomalacia: Muscle strength assessment Costeoporosis: Muscle strength assessment Computerized tomography Magnetic resonance imaging Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Disc extrusion with neural imping Disc extrusi		
Segmental instability Osteomalacia: Muscle strength assessment Osteoporosis: Muscle strength assessment Osteoporosis: Muscle strength assessment Computerized tomography Magnetic resonance imaging Physical examination Nagle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Nagnetic resonance imaging Myelogram Physical examination Nagnetic resonance imaging Myelogram Physical examination Nagnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Disc extrusion with neural imping Disc extrusion with neural imping	% D	
Osteomalacia: Muscle strength assessment Osteomyelitis, chronic-lumbar: Muscle strength assessment Medical record review Osteoporosis: Muscle strength assessment Post laminectomy syndrome radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Scadica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Scadica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Disc extrusion with neural imping Disc extrusion wi		
Muscle strength assessment Osteomyelitis, chronic-lumbar: Muscle strength assessment Costeoporosis: Muscle strength assessment Computerized tomography Magnetic resonance imaging Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Computerized tomography Disc extrusion with neural imping Disc extrusion wi		
Osteomyelitis, chronic-lumbar: Muscle strength assessment Medical record review Osteoporosis: Muscle strength assessment Post laminectomy syndrome with radiculopathy: Muscle strength assessment Computerized tomography Muscle strength assessment Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Myelogram Physical examination X-ray flexion/extension Radiculopathy: Muscle strength assessment Computerized tomography Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Disc extrusion with neural imping Disc extrusion with ne)%D	
Muscle strength assessment Medical record review Modelacal Record Record Review Modelacal Record Review Modelacal Record	70	
Medical record review)%D	
Osteoporosis: Muscle strength assessment Post laminectomy syndrome with radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Physical examination Myelogram Magnetic resonance imaging Physical examination Significant lower extremity weakn Norwall for the formation with neural imping Significant lower extremity weakn Norwall for the formation with neural imping Disc extrusion with neural		
Muscle strength assessment Post laminectomy syndrome radiculopathy: Muscle strength assessment Computerized tomography Physical examination Myelogram Myelogram Mognetic resonance imaging Myelogram Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Myelogram Muscle strength assessment Computerized tomography Muscle strength assessment Muscle strength assessment Computerized tomography Muscle strength assessment Computerized tomography Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Disc extrusion with neural imping	9 -	
Post laminectomy syndrome radiculopathy: Muscle strength assessment)%D	
radiculopathy: Muscle strength assessment Computerized tomography Myelogram Post laminectomy syndrome: Muscle strength assessment Computerized tomography Magnetic resonance imaging Physical examination Post laminectomy syndrome: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Significant lower extremity weakn Disc extrusion with neural imping Magnetic resonance imaging Disc extrusion with neural imping Disc extrusion	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Myelogram Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Muscle strength assessment Computerized tomography Muscle strength assessment Muscle strength assessment Computerized tomography Muscle strength assessment Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Physical examination Sciatica: Muscle strength assessment Computerized tomography Disc extrusion with neural imping Disc extrusion with ne		
Computerized tomography Magnetic resonance imaging Physical examination Post laminectomy syndrome: Muscle strength assessment Computerized tomography Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Disc extrusion with neural imping Significant lower extremity weakn X-ray flexion/extension Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Myelogram Myelogram Disc extrusion with neural imping Disc extrusion with neur	% D	
Magnetic resonance imaging Myelogram Disc extrusion with neural imping Physical examination Post laminectomy syndrome: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Disc extrusion with neural imping Myelogram Disc extrusion with neural imping Myelogram Disc extrusion with neural imping Disc extrusion wi		
Myelogram Physical examination Post laminectomy syndrome: Muscle strength assessment Computerized tomography Muscle strength assessment Aray flexion/extension Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Strains and sprains, unspecified: Muscle strength assessment X-ray flexion/extension Spondylolisthesis grade 2: Muscle strength assessment Lifting capacity diminished by 50° Segmental instability Lifting capacity diminished by 50°		
Prysical examination Post laminectomy syndrome: Muscle strength assessment Computerized tomography Magnetic resonance imaging Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Disc extrusion with neural imping Myelogram Disc extrusion with neural imping Disc extrusion with neural i		
Post laminectomy syndrome: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Segmental instability Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Significant lower extremity weakn Segmental instability S		
Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Physical examination Sciatica: Muscle strength assessment Computerized tomography Disc extrusion with neural imping Disc e	less	
Computerized tomography Magnetic resonance imaging Myelogram Physical examination Radiculopathy: Muscle strength assessment Computerized tomography Myelogram Myelogram Disc extrusion with neural imping Significant lower extremity weakn Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Miscle strength assessment Computerized tomography Miscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Significant lower extremity weakn Computerized tomography Magnetic resonance imaging Myelogram Myelogram Myelogram Myelogram Myelogram Strains and sprains, unspecified: Muscle strength assessment Spondylolisthesis grade 1: Muscle strength assessment Spondylolisthesis grade 2: Muscle strength assessment Spondylolisthesis grade 3: Lifting capacity diminished by 50° Segmental instability Lifting capacity diminished by 50°)%D	
Magnetic resonance imaging Myelogram Scaliculopathy: Muscle strength assessment Computerized tomography Myelogram Myelogram Myelogram Muscle strength assessment Computerized tomography Muscle strength assessment Muscle strength assessment Computerized tomography Myelogram Muscle strength assessment Computerized tomography Muscle strength assessment Computerized tomography Muscle strength assessment Computerized tomography Muscle strength assessment Muscle strength assessment Muscle strength assessment Myelogram Myelogram Myelogram Myelogram Myelogram Myelogram Myelogram Muscle strength assessment Strains and sprains, unspecified: Muscle strength assessment Spondylolisthesis grade 1: Muscle strength assessment Muscle strength assessment X-ray flexion/extension Spondylolisthesis grade 2: Muscle strength assessment Muscle strength assessment Lifting capacity diminished by 50° Segmental instability Lifting capacity diminished by 50°		
Myelogram Physical examination X-ray flexion/extension Radiculopathy: Muscle strength assessment Computerized tomography Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Physical examination Sciatica: Muscle strength assessment Computerized tomography Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Disc extrusion with neural imping Disc extrusion with neural impi	3	
Physical examination X-ray flexion/extension Segmental instability		
X-ray flexion/extension Radioulopathy: Muscle strength assessment Computerized tomography Magnetic resonance imaging Physical examination Sciatica: Muscle strength assessment Computerized tomography Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Magnetic resonance imaging Magnetic resonance imaging Myelogram Disc extrusion with neural imping Di		
Radiculopathy: Muscle strength assessment Computerized tomography Muscle strength assessment Muscle strength assessment Computerized tomography Muscle strength assessment Computerized tomography Magnetic resonance imaging Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Disc extrusion with neural imping D		
Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Significant lower extremity weakn Computerized tomography Magnetic resonance imaging Myelogram Physical examination Strains and sprains, unspecified: Muscle strength assessment Spondylolisthesis grade 1: Muscle strength assessment X-ray flexion/extension Spondylolisthesis grade 2: Muscle strength assessment Spondylolisthesis grade 3: Lifting capacity diminished by 50° Segmental instability Segmental instability Lifting capacity diminished by 50°		
Computerized tomography Magnetic resonance imaging Myelogram Physical examination Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Magnetic resonance imaging Myelogram Disc extrusion with neural imping Significant lower extremity weakn Computerized tomography Disc extrusion with neural imping Magnetic resonance imaging Myelogram Disc extrusion with neural imping Disc extr	NO/	
Magnetic resonance imaging Myelogram Disc extrusion with neural imping Disc extrusion with neural imping Physical examination Significant lower extremity weakn Sciatica: Muscle strength assessment Computerized tomography Disc extrusion with neural imping Magnetic resonance imaging Disc extrusion with neural imping Myelogram Disc extrusion with neural imping Disc extrusion with		
Myelogram Disc extrusion with neural imping Physical examination Significant lower extremity weakn Sciatica: Muscle strength assessment Computerized tomography Disc extrusion with neural imping Myelogram Disc extrusion with neural imping Physical examination Significant lower extremity weakn Strains and sprains, unspecified: Muscle strength assessment Lifting capacity diminished by 50° Segmental instability Segmental instability Lifting capacity diminished by 50° Segmenty dimini		
Physical examination Sciatica: Muscle strength assessment Computerized tomography Disc extrusion with neural imping Myelogram Significant lower extremity weakn Strains and sprains, unspecified: Muscle strength assessment Spondylolisthesis grade 1: Muscle strength assessment X-ray flexion/extension Segmental instability Segmental instability Spondylolisthesis grade 2: Muscle strength assessment Lifting capacity diminished by 50° Segmental instability Segmental instability Lifting capacity diminished by 50° Segmental instability Spondylolisthesis grade 3:		
Sciatica: Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Disc extrusion with neural imping Disc extr		
Muscle strength assessment Computerized tomography Magnetic resonance imaging Myelogram Physical examination Strains and sprains, unspecified: Muscle strength assessment X-ray flexion/extension Spondylolisthesis grade 2: Muscle strength assessment Spondylolisthesis grade 3: Lifting capacity diminished by 50° Significant lower extremity weakn Lifting capacity diminished by 50° Segmental instability Lifting capacity diminished by 50°	ness D	
Computerized tomography Magnetic resonance imaging Myelogram Physical examination Strains and sprains, unspecified: Muscle strength assessment X-ray flexion/extension Spondylolisthesis grade 2: Muscle strength assessment Spondylolisthesis grade 2: Muscle strength assessment Spondylolisthesis grade 2: Muscle strength assessment Spondylolisthesis grade 3: Lifting capacity diminished by 50° Segmental instability Lifting capacity diminished by 50° Segmental instability Lifting capacity diminished by 50° Segmental instability Lifting capacity diminished by 50°		
Magnetic resonance imaging Myelogram Disc extrusion with neural imping Disc extrusion with neural imping Physical examination Significant lower extremity weakn Strains and sprains, unspecified: Muscle strength assessment Spondylolisthesis grade 1: Muscle strength assessment X-ray flexion/extension Segmental instability Segmental instability Spondylolisthesis grade 2: Muscle strength assessment Lifting capacity diminished by 50° Segmental instability Spondylolisthesis grade 3: Lifting capacity diminished by 50° Segmental instability Spondylolisthesis grade 3:)%D	
Myĕlogram Disc extrusion with neural imping Physical examination Strains and sprains, unspecified: Muscle strength assessment Lifting capacity diminished by 50° Spondylolisthesis grade 1: X-ray flexion/extension Spondylolisthesis grade 2: Muscle strength assessment Lifting capacity diminished by 50° Segmental instability Segmental instability Lifting capacity diminished by 50° Spondylolisthesis grade 3:		
Physical examination Significant lower extremity weakn Strains and sprains, unspecified: Muscle strength assessment Spondylolisthesis grade 1: Muscle strength assessment Lifting capacity diminished by 50° Segmental instability Segmental instability Spondylolisthesis grade 2: Muscle strength assessment Lifting capacity diminished by 50° Segmental instability Spondylolisthesis grade 3: Lifting capacity diminished by 50° Segmental instability Segmental instability Spondylolisthesis grade 3:		
Strains and sprains, unspecified: Muscle strength assessment Spondylolisthesis grade 1: Muscle strength assessment X-ray flexion/extension Spondylolisthesis grade 2: Muscle strength assessment X-ray flexion/extension Spondylolisthesis grade 2: Lifting capacity diminished by 50° Segmental instability Lifting capacity diminished by 50° Segmental instability Lifting capacity diminished by 50°		
Muscle strength assessment Lifting capacity diminished by 50° Spondylolisthesis grade 1: X-ray flexion/extension Spondylolisthesis grade 2: Muscle strength assessment Lifting capacity diminished by 50° Segmental instability Segmental instability Lifting capacity diminished by 50° Spondylolisthesis grade 3:	ness D	
Spondylolisthesis grade 1: Muscle strength assessment X-ray flexion/extension Spondylolisthesis grade 2: Muscle strength assessment Lifting capacity diminished by 50° Segmental instability Lifting capacity diminished by 50° Spondylolisthesis grade 3:		
Muscle strength assessment Lifting capacity diminished by 50° Segmental instability Segmental instability Segmental instability Lifting capacity diminished by 50° Segmental instability Segmental instability Lifting capacity diminished by 50° Segmental instability Lifting capacit)% D	
X-ray flexion/extension Segmental instability Summary Segmental instability Segmental in		
Spondylolisthesis grade 2: Muscle strength assessment		
Spondylolisthesis grade 2: Muscle strength assessment	D	
Muscle strength assessment Lifting capacity diminished by 50° Spondylolisthesis grade 3:		
Spondylolisthesis grade 3:)% D	
Musels attenuate assessment 1 this constitution of the constitutio		
Muscle strength assessment Lifting capacity diminished by 50°)% D	
Spondylolisthesis grade 4:		
Muscle strength assessment Lifting capacity diminished by 50°)%D	
X-ray flexion/extension Segmental instability		
Spondylolisthesis-acquired:		
X-ray flexion/extension	D	
Spondylolysis:		
X-ray flexion/extension	D	
Sprains and strains, sacral:		
Muscle strength assessment Lifting capacity diminished by 50°	D ا	

Disability test Sprains and strains, sacroiliac: Muscle strength assessment Vertebral body compression fracture:	Test result Lifting capacity diminished by 50%	Disability classification
Muscle strength assessment	Lifting capacity diminished by 50%	
		D
Muscle strength assessment	Lifting capacity diminished by 50%	D
	BODY PART: LS SPINE JOB TITLE: TRACKMAN	
Ankylosing spondylitis:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Muscle strength assessment Chronic back pain, not otherwise specified:	Lifting capacity diminished by 50%	D
Muscle strength assessment Cauda equina syndrome with bowel or	Lifing capacity diminished by 50%	D
bladder dysfunction: Computerized tomography	Disc extrusion with neural impingement, nerves <l1.< td=""><td>D</td></l1.<>	D
Magnetic resonance imaging	Disc extrusion with neural impingement, nerves <l1.< td=""><td>D</td></l1.<>	D
Physical examination	Lower extremity weakness	D
Cystometrogram	Impaired bladder function	D
Myelogram	Disc extrusion with neural impingement, nerves <l1.< td=""><td>D</td></l1.<>	D
Physical examination: rectal	Impairment of sphincter tone	D
Muscle strength assessment Degeneration of lumbar disc:	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D D
Myelogram Muscle strength assessment	Disc extrusion with neural impingement Lifting capacity diminished by 50%	D
Displacement of lumbar disc:	5	
Computerized tomography Magnetic resonance imaging	Disc extrusion with neural impingement Disc extrusion with neural impingement	D D
Myelogram	Disc extrusion with neural impingement	D
Muscle strength assessment Fracture: vertebral body:	Lifting capacity diminished by 50%	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: posterior spinal element with dis- placement:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: posterior spinal element with no displacement:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: spinous process: Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture transverse process:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
MyelogramLumbago:	Disc extrusion with neural impingement	D
Muscle strength assessment Lumbosacral neuritis:	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram Muscle strength assessment	Disc extrusion with neural impingement Lifting capacity diminished by 50%	D D
Physical examination	Lower extremity weakness	D
Lumbar spinal stenosis:	·	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Significant narrowing of the spinal canal	D
Magnetic resonance imaging Myelogram	Significant narrowing of the spinal canal Significant narrowing of the spinal canal	D D
Physcial examination	Significant lower extremity weakness	D
Mechanical complication of internal ortho-	gsan iono. oxuomity would be in	_
pedic device:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
		D
X-ray flexion/extension	Segmental instability	5
	Lifting capacity diminished by 50%	D

Disability test	Test result	Disability classification
Medical record review	Frequent flare-ups with objective findings	D
Osteoporosis: Muscle strength assessment	Lifting capacity diminished by 50%	D
Post laminectomy syndrome with radiculopathy:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
Post laminectomy syndrome: Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
X-ray flexion/extension	Segmental instability	D
Radiculopathy: Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
Sciatica:	l	_
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D D
Magnetic resonance imaging Myelogram	Disc extrusion with neural impingement Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
Strains and sprains, unspecified:	Cigimount lower extremity weathress	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Spondylolisthesis grade 1:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension	Segmental instability	D
Spondylolisthesis grade 2:	Lifting and the dissiplied of the 500/	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Spondylolisthesis grade 4:	Enting dapadity diffillibrica by 50%	5
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension	Segmental instability	D
Spondylolisthesis-acquired:		
X-ray flexion/extension	Segmental instability	D
Spondylolysis: X-ray flexion/extension	Segmental instability	D
Sprains and strains, sacral:	Segmental instability	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Sprains and strains, sacroiliac:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Vetebral body compression fracture:		
Muscle strength assessment	Lifting capacity diminished by 50%	
	BODY PART: LS SPINE	
	JOB TITLE: MACHINIST	T
Ankylosing spondylitis:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Backache, unspecified:		_
Muscle strength assessment	Lifting capacity diminished by 50%	D
Chronic back pain, not otherwise specified: Muscle strength assessment	Lifting capacity diminished by E09/	D
Cauda equina syndrome with bowel or	Lifting capacity diminished by 50%	
bladder dysfunction:		
Computerized tomography	Disc extrusion with neural impingement,	D
	nerves <l1.< td=""><td></td></l1.<>	
Magnetic resonance imaging	Disc extrusion with neural impingement, nerves <l1.< td=""><td>D</td></l1.<>	D
Physical examination	Lower extremity weakness	D
Cystometrogram	Impaired bladder function	D
Myelogram	Disc extrusion with neural impingement,	D
	nerves <l1.< td=""><td></td></l1.<>	
Physical examination: rectal	Impairment of sphincter tone	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Degeneration of lumbar disc:	Disc outrusian with never liminary	D
Computerized tomography	Disc extrusion with neural impingement	l U

Disability test	Test result	Disability classification
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Displacement of lumbar disc:		
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: vertebral body:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: posterior spinal element with dis-		
placement:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: posterior spinal element with no		
displacement:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: spinous process:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture transverse process:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Intervertebral disc disorder:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Lumbago:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Lumbosacral neuritis:		
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Physical examination	Lower extremity weakness	D
Lumbar spinal stenosis:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Significant narrowing of the spinal canal	D
Magnetic resonance imaging	Significant narrowing of the spinal canal	D
Myelogram	Significant narrowing of the spinal canal	D
Physical examination	Significant lower extremity weakness	D
Mechanical complication of internal ortho-		
pedic device:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension	Segmental instability	D
Osteomalacia:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Osteomyelitis, chronic-lumbar:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Medical record review	Frequent flare-ups with objective findings	D
Osteoporosis:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Post laminectomy syndrome with		
radiculopathy:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
Post laminectomy syndrome:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
X-ray flexion/extension	Segmental instability	D
Radiculopathy:	l	_
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
Sciatica:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	l D

Disability test	Test result	Disability classification
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
Strains and sprains, unspecified:	Lifting consolity dissiplies of by 500/	6
Muscle strength assessment	Lifting capacity diminished by 50%	D
Spondylolisthesis grade I: Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension	Segmental instability	D
Spondylolisthesis grade 2:	Cognicital motability	5
Muscle strength assessment	Lifting capacity diminished by 50%	D
Spondylolisthesis grade 3:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Spondylolisthesis grade 4:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension	Segmental instability	D
Spondylolisthesis-acquired:		5
X-ray flexion/extension	Segmental instability	D
Spondylolysis: X-ray flexion/extension	Segmental instability	D
Sprains and strains, sacral:	Segmental instability	В
Muscle strength assessment	Lifting capacity diminished by 50%	D
Sprains and strains, sacroiliac:	Litting capacity diffilling fed by 50 %	5
Muscle strength assessment	Lifting capacity diminished by 50%	D
Vertebral body compression fracture:	3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Muscle strength assessment	Lifting capacity diminished by 50%	D
	BODY PART: LS SPINE	
	JOB TITLE: SHOP LABORER	
Ankylosing spondylitis:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Backache, unspecified:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Chronic back pain, not otherwise specified:	Lifting consolity dissiplies of by 500/	2
Muscle strength assessment	Lifting capacity diminished by 50%	D
Cauda equina syndrome with bowel or bladder dysfunction:		
Computerized tomography	Disc extrusion with neural impingement,	D
Computerized tomography	nerves <l1.< td=""><td> B</td></l1.<>	B
Magnetic resonance imaging	Disc extrusion with neural impingement,	D
magness recentance imaging immining	nerves <l1.< td=""><td></td></l1.<>	
Physical examination	Lower extremity weakness	D
Cystometrogram	Impaired bladder function	D
Myelogram	Disc extrusion with neural impingement,	D
	nerves <l1.< td=""><td></td></l1.<>	
Physical examination: rectal	Impairment of sphincter tone	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Degeneration of lumbar disc:		_
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Displacement of lumber disc: Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: vertebral body:	3	
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: posterior spinal element with dis-	3, ,	
placement:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: posterior spinal element with no		
displacement:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture: spinous process:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Fracture transverse process:		_
Muscle strength assessment	Lifting capacity diminished by 50%	D
Intervertebral disc disorder:	Little and a second by disorder 1 11 5007	5
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D D
Magnetic resonance imaging	Disc extrusion with neural impingement	
	Disc extrusion with neural impingement	D

Disability test	Test result	Disability classification
umbosacral neuritis:		
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Physical examination	Lower extremity weakness	D
umbar spinal stenosis:		_
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Significant narrowing of the spinal canal	D
Magnetic resonance imaging	Significant narrowing of the spinal canal	D
Myelogram	Significant narrowing of the spinal canal	D
Physical examination	Significant lower extremity weakness	D
Mechanical complication of internal ortho-		
pedic device:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension	Segmental instability	D
Osteomalacia:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Osteomyelitis, chronic-lumbar:		_
Muscle strength assessment	Lifting capacity diminished by 50%	D
Medical record review	Frequent flare-ups with objective findings	D
	i request hate-ups with objective inidings	٦
Osteoporosis:	Litting conseits diminished by E00/	D
Muscle strength assessment	Lifting capacity diminished by 50%	D
Post laminectomy syndrome with		
radiculopathy:	l	l _
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
Post laminectomy syndrome:	Organican ionor oxionity treatmose iiiiiiii	
Muscle strength assessment	Lifting capacity diminished by 50%	D
		D
Computerized tomography	Disc extrusion with neural impingement	
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
X-ray flexion/extension	Segmental instability	D
Radiculopathy:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
Sciatica:	Olgrinicant lower extremity weakness	6
	Lifting consoity diminished by E09/	D
Muscle strength assessment	Lifting capacity diminished by 50%	
Computerized tomography	Disc extrusion with neural impingement	D
Magnetic resonance imaging	Disc extrusion with neural impingement	D
Myelogram	Disc extrusion with neural impingement	D
Physical examination	Significant lower extremity weakness	D
Strains and sprains, unspecified:		
Muscle strength assessment	Lifting capacity diminished by 50%	D
Spondylolisthesis grade 1:	1	
Muscle strength assessment	Lifting capacity diminished by 50%	D
X-ray flexion/extension	Segmental instability	D
Spondylolisthesis grade 2:	Oogmontal motability	
	Lifting consoity diminished by E09/	D
Muscle strength assessment	Lifting capacity diminished by 50%	0
Spondylolisthesis grade 3:	Little	5
Muscle strength assessment	Lifting capacity diminished by 50%	D
Spondylolisthesis grade 4:		
	Lifting capacity diminished by 50%	D
Muscle strength assessment	1.0	l D
Muscle strength assessmentX-ray flexion/extension	Segmental instability	D
	Segmental instability	D
X-ray flexion/extensionSpondylolisthesis-acquired:	,	
X-ray flexion/extension	Segmental instability	D
X-ray flexion/extension	Segmental instability	D
X-ray flexion/extension Spondylolisthesis-acquired: X-ray flexion/extension Spondylolysis: X-ray flexion/extension	,	
X-ray flexion/extension Spondylolisthesis-acquired: X-ray flexion/extension Spondylolysis: X-ray flexion/extension Sprains and strains, sacral:	Segmental instability	D D
X-ray flexion/extension Spondylolisthesis-acquired: X-ray flexion/extension Spondylolysis: X-ray flexion/extension Sprains and strains, sacral: Muscle strength assessment	Segmental instability	D
X-ray flexion/extension Spondylolisthesis-acquired: X-ray flexion/extension Spondylolysis: X-ray flexion/extension Sprains and strains, sacral: Muscle strength assessment Sprains and strains, sacroiliac:	Segmental instability	D D D
X-ray flexion/extension Spondylolisthesis-acquired: X-ray flexion/extension Spondylolysis: X-ray flexion/extension Sprains and strains, sacral: Muscle strength assessment Muscle strength assessment Muscle strength assessment	Segmental instability	D D
X-ray flexion/extension Spondylolisthesis-acquired: X-ray flexion/extension Spondylolysis: X-ray flexion/extension Sprains and strains, sacral: Muscle strength assessment Sprains and strains, sacroiliac:	Segmental instability	D D D

F. Cervical Spine

Confirmatory test	Minimum result	Requirements
	BODY PART: CE SPINE CONFIRMATORY TESTS	
Cervical disc disease with myelopathy:		
Physical examination: cervical	Evidence of myelopathy	Highly recommended.
Myelogram	Evidence of neurogenic compression	Recommended.
Computerized axial tomography	Evidence of neurogenic compression	Recommended.
Magnetic resonance imaging	Evidence of neurogenic compression	Recommended.
Chronic herniated disc:	2 racines of ricaregerias compression minim	T to continuo i i do ca
X-ray: cervical spine	Evidence of significant disc degeneration	Recommended.
Myelogram	Evidence of significant disc degeneration	Recommended.
Computerized axial tomography	Evidence of significant disc degeneration	Recommended.
Magnetic resonance imaging	Evidence of significant disc degeneration	Recommended.
Cervical spondylolysis:	Evidence of significant disc degeneration	necommended.
X-ray: cervical spine	Evidence of significant disc degeneration	Recommended.
Computerized axial tomography		
	Evidence of significant disc degeneration	Recommended.
Magnetic resonance imaging	Evidence of significant disc degeneration	Recommended.
Cervical intervertebral disc degeneration:		
X-ray: cervical spine	Evidence of significant disc degeneration	Recommended.
Myelogram	Evidence of significant disc degeneration	Recommended.
Magnetic resonance imaging	Evidence of significant disc degeneration	Recommended.
Fracture: posterior element with spinal		
canal displacement:		
X-ray: cervical spine	Fractured posterior element with canal dis-	Recommended.
	placement.	
Computerized axial tomography	Fractured posterior element with canal dis-	Recommended.
	placement.	
Magnetic resonance imaging	Fractured posterior element with canal dis-	Recommended.
	placement.	
Fracture: transverse, spinous or posterior		
process:		
X-ray: cervical spine	Fracture of relevant part	Recommended.
Computerized axial tomography	Fracture of relevant part	Recommended.
Magnetic resonance imaging	Fracture of relevant part	Recommended.
Osteoarthritis, cervical:		
X-ray: cervical spine	Evidence of extensive disc degeneration	Recommended.
Computerized axial tomography	Evidence of extensive disc degeneration	Recommended.
Magnetic resonance imaging	Evidence of extensive disc degeneration	Recommended.
Post laminectomy syndrome:		Tioodiiiiioiidodi
Medical records: cervical	Confirmed surgical history	Highly recommended.
Medical records: cervical	Continued pain post-surgery	Highly recommended.
Radiculopathy:	Continued pain post-surgery	riigiliy recommended.
	History of radicular pain	Highly recommended
Medical records: cervical	Loss of reflexes in affected dermatomes	Highly recommended. Recommended.
Physical examination: arm		
Physical examination: arm	Evidence of atrophy ≤2 cm	Recommended.
Electromyography	Definite denervation in muscle of affected	Recommended.
	nerve root.	
Myelogram	Evidence of neurogenic compression	Recommended.
Magnetic resonance imaging	Compression of spinal nerves	Recommended.
Computerized axial tomography	Compression of spinal nerves	Recommended.
Rheumatoid arthritis, cervical:		
Rheumatoid factor (blood test)	Titer of rheumatoid factor	Recommended.
X-ray: cervical spine	Rheumatoid changes of spine	Highly recommended.
Medical records review: cervical	Confirmation by rheumatologist or internist	Highly recommended.
Spondylogenic compression of spinal cord:		
Physical examination: cervical	Evidence of myelopathy	Highly recommended.
Computerized axial tomography	Evidence of neurogenic compression	Recommended.
Magnetic resonance imaging	Evidence of neurogenic compression	Recommended.
Myelogram	Evidence of neurogenic compression	Recommended.
,		
Disability test	Test result	Disability classification
	BODY PART: CE SPINE JOB TITLE: TRAINMAN	
Opening Lating allowance and the second state of the second state		
Cervical disc disease with myelopathy:	a	
Computerized axial tomography	Significant spinal cord pressure	D
Magnetic resonance imaging	Significant spinal cord pressure	D
	Significant spinal cord pressure	l D
Myelogram		
CystometrogramPhysical examination: rectal	Impaired bladder function	D

20 CFR Ch. II (4-1-10 Edition)

Disability test	Test result	Disability classification
Physical examination: lower limb	Lower extremity weakness or significant	D
Triyotal examination. lower limb	spasticity.	
Physical examination	Multi-level neurologic compromise	D
Chronic herniated disc: Physical examination	Multi-level neurologic compromise	D
Cervical spondylolysis:	Watti-level flearologic comprofilise	
Physical examination	Multi-level neurologic compromise	D
Cervical intervertebral disc degeneration:	Multi loval navvalania apmavamiaa	D
Physical examination Fracture: posterior element with spinal	Multi-level neurologic compromise	B
canal displacement:		
Physical examination	Multi-level neurologic compromise	D
Post laminectomy syndrome: Physical examination	Multi-level neurologic compromise	D
Cervical radiculopathy:		
Physical examination	Multi-level neurologic compromise	D
Spondylogenic compression of spinal cord: Computerized axial tomography	Significant spinal cord pressure	D
Magnetic resonance imaging	Significant spinal cord pressure	D
Cystometrogram	Impaired bladder function	D
Myelogram	Significant spinal cord pressure	D
Physical examination: rectal	Impairment of sphincter tone	D
Physical examination	Multi-level neurologic compromise	D
Physical examination: lower limb	Lower extremity weakness or significant	D
	spasticity.	
	BODY PART: CE SPINE	
	JOB TITLE: ENGINEER	
Cervical disc disease with myelopathy:		
Computerized axial tomography	Significant spinal cord pressure	D
Magnetic resonance imaging	Significant spinal cord pressure	D
Myelogram	Significant spinal cord pressure	D
Cystometrogram	Impaired bladder function	D
Physical examination: rectal	Impairment of sphincter tone	D
Physical examination: lower limb	Lower extremity weakness or significant spasticity.	D
Physical examination	Multi-level neurologic compromise	D
Chronic herniated disc:	Marki laval a sumala sia a susanzasia a	
Physical examination Cervical spondylolysis:	Multi-level neurologic compromise	D
Physical examination	Multi-level neurologic compromise	D
Cervical intervertebral disc degeneration:	NA. Iti laval a surela sia a surela sia	
Physical examination Fracture: posterior element with spinal	Multi-level neurologic compromise	D
canal displacement:		
Physical examination	Multi-level neurologic compromise	D
Post laminectomy syndrome: Physical examination	Multi-level neurologic compromise	D
Cervical radiculopathy:		
Physical examination:	Multi-level neurologic compromise	D
Spondylogenic compression of spinal cord:	Significant spinal cord process	D
Computerized axial tomography	Significant spinal cord pressure	D
Magnetic resonance imaging	Significant spinal cord pressure	D
Cystometrogram	Impaired bladder function	D
Myelogram Physical examination: rectal	Significant spinal cord pressure	
Physical examination: rectal	Impairment of sphincter tone	D
Physical examination Physical examination: lower limb	Lower extremity weakness or significant	
Friysical examination, lower limb	spasticity.	<u> </u>
	BODY PART: CE SPINE JOB TITLE: DISPATCHER	1
Conjugal disc dispass with muslaneth:		
Cervical disc disease with myelopathy: Cystometrogram	Impaired bladder function	D
Physical examination: rectal	Impairment of sphincter tone	D
Spondylogenic compression of spinal cord:		_
Cystometrogram	Impaired bladder function	D
Physical examination: rectal	Impairment of sphincter tone	D

Test result	Disability classification
BODY PART: CE SPINE JOB TITLE: CARMAN	
Significant spinal cord pressure	D
Significant spinal cord pressure	D
Significant spinal cord pressure	D
Impaired bladder function	D
	D
	D
spasticity.	
Multi-level neurologic compromise	D
l	_
Multi-level neurologic compromise	D
l	_
Multi-level neurologic compromise	D
Multi-level neurologic compromise	D
Multi-level neurologic compromise	D
· · · · · · · · · · · · · · · · · · ·	
Multi-level neurologic compromise	D
	-
Multi-level neurologic compromise	D
Wulti-level fleurologic comproffise	В
Circuitiaant animal aand	Б
	D
	D
	D
Significant spinal cord pressure	D
Impairment of sphincter tone	D
Multi-level neurologic compromise	D
Lower extremity weakness or significant	D
spasticity.	
JOB TITLE: SIGNALMAN	
Significant spinal cord pressure	D
	D
	D
	D
	D
	D
	6
Multi-level neurologic compromise	D
l	l _
Multi-level neurologic compromise	D
Multi-level neurologic compromise	D
·	
Multi-level neurologic compromise	D
· ·	
Multi-level neurologic compromise	D
Multi-level neurologic compromise	D
	-
Multi-level neurologic compromise	D
water regretorogic compromise	5
Cignificant opinal cord	L D
I =.**	D
	D
	D
	D
	D
Multi-level neurologic compromise	D
Lower extremity weakness or significant	D
spasticity.	
spasticity. BODY PART: CE SPINE	
	BODY PART: CE SPINE JOB TITLE: CARMAN Significant spinal cord pressure

Disability test	Test result	Disability classification
Magnetia reconones imagina	Cignificant apinal aard areas	D
Magnetic resonance imaging	Significant spinal cord pressure	
Myelogram	Significant spinal cord pressure	D
Cystometrogram	Impaired bladder function	D
Physical examination: rectal	Impairment of sphincter tone	D
Physical examination: lower limb	Lower extremity weakness or significant spasticity.	D
Physical examination	Multi-level neurologic compromise	D
Physical examination Cervical spondyloysis:	Multi-level neurologic compromise	D
Physical examination Cervical intervertebral disc degeneration:	Multi-level neurologic compromise	D
Physical examination	Multi-level neurologic compromise	D
Fracture: posterior element with spinal canal displacement:	multi level ricurdogie compreniece	
Physical examination Post laminectomy syndrome:	Multi-level neurologic compromise	D
Physical examination	Multi-level neurologic compromise	D
Cervical radiculopathy: Physical examination	Multi-level neurologic compromise	D
Spondylogenic compression of spinal cord:	<u></u>	
Computerized axial tomography	Significant spinal cord pressure	D
Magnetic resonance imaging	Significant spinal cord pressure	D
Cystometrogram	Impaired bladder function	D
Myelogram	Significant spinal cord pressure	D
Physical examination: rectal	Impairment of sphincter tone	
Physical examination	Multi-level neurologic compromise	D
		D
Physical examination: lower limb	Lower extremity weakness or significant spasticity.	U
	BODY PART: CE SPINE JOB TITLE: MACHINIST	
Cervical disc disease with myelopathy:		
Computerized axial tomography	Significant spinal cord pressure	D
Magnetic resonance imaging	Significant spinal cord pressure	D
Myelogram	Significant spinal cord pressure	D
Cystometrogram	Impaired bladder function	D
Physical examination: rectal	Impairment of sphincter tone	D
Physical examination: lower limb	Lower extremity weakness or significant	D
i ilysical examination, lower limb	spasticity.	B
Physical examination	Multi-level neurologic compromise	D
	Walti-level flearologic compromise	b
Chronic herniated disc: Physical examination	Multi-level neurologic compromise	D
Cervical spondylolysis: Physical examination	Multi-level neurologic compromise	D
Cervical intervertebral disc degeneration:		
Physical examination	Multi-level neurologic compromise	D
Fracture: posterior element with spinal canal displacement:		
Fracture: posterior element with spinal canal displacement: Physical examination	Multi-level neurologic compromise	D
Fracture: posterior element with spinal canal displacement: Physical examination		
Fracture: posterior element with spinal canal displacement: Physical examination Post laminectomy syndrome: Physical examination Cervical radiculopathy: Physical examination	Multi-level neurologic compromise	D
Fracture: posterior element with spinal canal displacement: Physical examination	Multi-level neurologic compromise Multi-level neurologic compromise Multi-level neurologic compromise	D D
Fracture: posterior element with spinal canal displacement: Physical examination	Multi-level neurologic compromise Multi-level neurologic compromise	D D
Fracture: posterior element with spinal canal displacement: Physical examination Post laminectomy syndrome: Physical examination Cervical radiculopathy: Physical examination Spondylogenic compression of spinal cord: Computerized axial tomography Magnetic resonance imaging	Multi-level neurologic compromise Multi-level neurologic compromise Multi-level neurologic compromise	D D D D
Fracture: posterior element with spinal canal displacement: Physical examination Post laminectomy syndrome: Physical examination Cervical radiculopathy: Physical examination Spondylogenic compression of spinal cord: Computerized axial tomography Magnetic resonance imaging Cystometrogram	Multi-level neurologic compromise Multi-level neurologic compromise Multi-level neurologic compromise Significant spinal cord pressure	D D D D D D D
Fracture: posterior element with spinal canal displacement: Physical examination Post laminectomy syndrome: Physical examination Cervical radiculopathy: Physical examination Spondylogenic compression of spinal cord: Computerized axial tomography Magnetic resonance imaging Cystometrogram Myelogram	Multi-level neurologic compromise Multi-level neurologic compromise Multi-level neurologic compromise Significant spinal cord pressure Significant spinal cord pressure Impaired bladder function	D D D D D D D D D
Fracture: posterior element with spinal canal displacement: Physical examination Post laminectomy syndrome: Physical examination Cervical radiculopathy: Physical examination Spondylogenic compression of spinal cord: Computerized axial tomography Magnetic resonance imaging Cystometrogram Myelogram Physical examination: rectal	Multi-level neurologic compromise Multi-level neurologic compromise Multi-level neurologic compromise Significant spinal cord pressure	D D D D D D D D D
Fracture: posterior element with spinal canal displacement: Physical examination Post laminectomy syndrome: Physical examination Cervical radiculopathy: Physical examination Spondylogenic compression of spinal cord: Computerized axial tomography Magnetic resonance imaging Cystometrogram Myelogram Physical examination: rectal Physical examination:	Multi-level neurologic compromise	D D D D D D D D D D D D D D D D D D D
Fracture: posterior element with spinal canal displacement: Physical examination Post laminectomy syndrome: Physical examination Cervical radiculopathy: Physical examination Spondylogenic compression of spinal cord: Computerized axial tomography Magnetic resonance imaging Cystometrogram Myelogram Physical examination: rectal	Multi-level neurologic compromise Multi-level neurologic compromise Multi-level neurologic compromise Significant spinal cord pressure	D D D D D D D D D D D D D D D D D D D
Fracture: posterior element with spinal canal displacement: Physical examination Post laminectomy syndrome: Physical examination Cervical radiculopathy: Physical examination Spondylogenic compression of spinal cord: Computerized axial tomography Magnetic resonance imaging Cystometrogram Myelogram Physical examination: rectal Physical examination:	Multi-level neurologic compromise Multi-level neurologic compromise Multi-level neurologic compromise Significant spinal cord pressure	D D D D D D D D D D D D D D D D D D D
Fracture: posterior element with spinal canal displacement: Physical examination Post laminectomy syndrome: Physical examination Cervical radiculopathy: Physical examination Spondylogenic compression of spinal cord: Computerized axial tomography Magnetic resonance imaging Cystometrogram Myelogram Physical examination: rectal Physical examination: lower limb Cervical disc disease with myelopathy:	Multi-level neurologic compromise	D D D D D D D D D D D D D D D D D D D
Fracture: posterior element with spinal canal displacement: Physical examination Post laminectomy syndrome: Physical examination Cervical radiculopathy: Physical examination of spinal cord: Computerized axial tomography Magnetic resonance imaging Cystometrogram Myelogram Physical examination: rectal Physical examination: lower limb Cervical disc disease with myelopathy: Computerized axial tomography	Multi-level neurologic compromise	D D D D D D D D D D D D D D D D D D D
Fracture: posterior element with spinal canal displacement: Physical examination Post laminectomy syndrome: Physical examination Cervical radiculopathy: Physical examination Spondylogenic compression of spinal cord: Computerized axial tomography Magnetic resonance imaging Cystometrogram Myelogram Physical examination: rectal Physical examination: lower limb Cervical disc disease with myelopathy: Computerized axial tomography Magnetic resonance imaging	Multi-level neurologic compromise	D D D D D D D D D D D D D D D D D D D
Fracture: posterior element with spinal canal displacement: Physical examination	Multi-level neurologic compromise	D D D D D D D D D D D D D D D D D D D
Fracture: posterior element with spinal canal displacement: Physical examination Post laminectomy syndrome: Physical examination Cervical radiculopathy: Physical examination Spondylogenic compression of spinal cord: Computerized axial tomography Magnetic resonance imaging Cystometrogram Myelogram Physical examination: rectal Physical examination: lower limb Cervical disc disease with myelopathy: Computerized axial tomography Magnetic resonance imaging	Multi-level neurologic compromise	D D D D D D D D D D D D D D D D D D D

Disability test	Test result	Disability classification
Physical examination: lower limb	Lower extremity weakness or significant spasticity.	D
Physical examination	Multi-level neurologic compromise	D
Physical examination Cervical spondylolysis:	Multi-level neurologic compromise	D
Physical examination Cervical intervertebral disc degeneration:	Multi-level neurologic compromise	D
Physical examination Fracture: posterior element with spinal canal displacement:	Multi-level neurologic compromise	D
Physical examination	Multi-level neurologic compromise	D
Physical examination Cervical radiculopathy:	Multi-level neurologic compromise	D
Physical examinationSpondylogenic compression of spinal cord:	Multi-level neurologic compromise	D
Computerized axial tomography	Significant spinal cord pressure	D
Magnetic resonance imaging	Significant spinal cord pressure	D
Cystometrogram	Impaired bladder function	D
Myelogram	Significant spinal cord pressure	D
Physical examination: rectal	Impairment of sphincter tone	D
Physical examination	Multi-level neurologic compromise	D
Physical examination: lower limb	Lower extremity weakness or significant spasticity.	D
J	BODY PART: CE SPINE IOB TITLE: SALES REPRESENTATIVE	
Cervical disc disease with myelopathy: Cystometrogram	Impaired bladder function	D
Physical examination: rectal		
	Impairment of sphincter tone	D
Spondylogenic compression of spinal cord: Cystometrogram Physical examination: rectal	Impaired bladder function	D D
1 Hysical examination, rectal		
	BODY PART: CE SPINE IOB TITLE: GENERAL OFFICE CLERK	
Cervical disc disease with myelopathy:	land size of the defendance of the section	
Cystometrogram	Impaired bladder function	D
Physical examination: rectal	Impairment of sphincter tone	D
Spondylogenic compression of spinal cord:	l	_
Cystometrogram	Impaired bladder function	D
Physical examination: rectal	Impairment of sphincter tone	D
	G. Shoulder and Elbow	
Confirmatory test	Minimum result	Requirements.
E	BODY PART: SHOULDER AND ELBOW CONFIRMATORY TESTS	
Arthritis, acromioclavicular:		
X-ray: shoulder	Significant degenerative changes of joint	Recommended.
Computerized tomography	Significant degenerative changes of joint	Recommended.
Magnetic resonance imaging	Significant degenerative changes of joint	Recommended.
Arthritis, glenohumeral:		
X-ray: shoulder	Significant degenerative changes of joint	Recommended.
Computerized tomography	Significant degenerative changes of joint	Recommended.
Magnetic resonance imaging	Significant degenerative changes of joint	Recommended.
Rotator cuff tear:	1	
Computerized tomography	Tear of rotator cuff	Recommended.
	Tear of rotator cuff	Recommended.
Magnetic resonance imaging		
Medical diagnosis leading to a permanent		
Magnetic resonance imaging	Condition with permanent functional limitation.	Highly recommended.
Medical diagnosis leading to a permanent functional limitation of the elbow:	Condition with permanent functional limitation. Imaging confirmation of functional diagnosis.	Highly recommended. Recommended.

20 CFR Ch. II (4-1-10 Edition)

Disability test	Test result	Disability classification
E	ODY PART: SHOULDER AND ELBOW JOB TITLE: TRAINMAN	
Arthritis, acromioclavicular:		
Physical examination—range of motion	<40 degrees flexion	D
Physical examination—range of motion	<40 degrees abduction	D
Arthritis, glenohumeral:		
Physical examination—range of motion Physical examination—range of motion	<pre><40 degrees flexion</pre> <40 degrees abduction	D D
Rotator cuff tear:	C40 degrees abduction	
Physical examination—range of motion	<40 degrees flexion	D
Physical examination—range of motion	<40 degrees abduction	D
Permanent functional limitation, elbow: Physical examination	≤40 degrees deviation	D
Physical examination—range of motion	Flexion limit to 60 degrees	D
	ODY PART: SHOULDER AND ELBOW	
	JOB TITLE: ENGINEER	
Arthritis, acromioclavicular:		
Physical examination—range of motion	<40 degrees flexion	D
Physical examination—range of motion	<40 degrees abduction	D
Arthritis, glenohumeral:		_
Physical examination—range of motion	<pre><40 degrees flexion</pre> <40 degrees abduction	D D
Physical examination—range of motion Rotator cuff tear:	<40 degrees abduction	
Physical examination—range of motion	<40 degrees flexion	D
Physical examination—range of moiton	<40 degrees abduction	D
Permanent functional limitation, elbow:		
Physical examination	≤40 degrees deviation	D D
Physical examination—range of motion	Flexion limit to 60 degrees	<u> </u>
E	ODY PART: SHOULDER AND ELBOW JOB TITLE: CARMAN	
Arthritis, acromioclavicular:		
Physical examination—range of motion	<40 degrees flexion	D
Physical examination—range of motion	<40 degrees abduction	D
Arthritis, glenohumeral:	.40 degrees flexion	D
Physical examination—range of motion Physical examination—range of motion	<pre><40 degrees flexion</pre> <40 degrees abduction	D D
Rotator cuff tear:	C40 degrees abduction	
Physical examination—range of motion	<40 degrees flexion	D
Physical examination—range of motion	<40 degrees abduction	D
Permanent functional limitation, elbow:	≤40 degrees deviation	D
Physical examination Physical examination—range of motion	Flexion limit to 60 degrees	D
·	<u> </u>	
	ODY PART: SHOULDER AND ELBOW JOB TITLE: SIGNALMAN	
Arthritis, acromioclavicular:		
Physical examination—range of motion	<40 degrees flexion	D
Physical examination—range of motion Arthritis, glenohumeral:	<40 degrees abduction	D
Physical examination—range of motion	<40 degrees flexion	D
Physical examination—range of motion	<40 degrees abduction	D
Rotator cuff tear:		
Physical examination—range of motion	<40 degrees flexion	D
Physical examination—range of motion Permanent functional limitation, elbow:	<40 degrees abduction	D
Physical examination	≤40 degrees deviation	D
Physical examination—range of motion	Flexion limit to 60 degrees	D
E	ODY PART: SHOULDER AND ELBOW	
	JOB TITLE: TRACKMAN	
Arthritis, acromioclavicular:		
Physical examination—range of motion	<40 degrees flexion	D
Physical examination—range of motion Arthritis, glenohumeral:	<40 degrees abduction	D
Physical examination—range of motion	<40 degrees flexion	D
Physical examination—range of motion	<40 degrees abduction	D
Rotator cuff tear:		_
Physical examination—range of motion	<40 degrees flexion	ט ו

Disability test	Test result	Disability classification
Physical examination—range of motion ermanent functional limitation, elbow:	<40 degrees abduction	D
Physical examination	≤40 degrees deviation	D
Physical examination—range of motion	Flexion limit to 60 degrees	D
Е	ODY PART: SHOULDER AND ELBOW JOB TITLE: MACHINIST	
rthritis, acromioclavicular:		
Physical examination—range of motion	<40 degrees flexion	D
Physical examination—range of motion	<40 degrees abduction	D
orthritis, glenohumeral: Physical examination—range of motion	<40 degrees flexion	D
Physical examination—range of motion	<40 degrees abduction	D
Notator cuff tear:	a degrees assasses minimum.	
Physical examination—range of motion	<40 degrees flexion	D
Physical examination—range of motion	<40 degrees abduction	D
Permanent functional limitation, elbow:		_
Physical examination	≤40 degrees deviation	D D
Physical examination—range of motion	Flexion limit to 60 degrees	Ь
E	ODY PART: SHOULDER AND ELBOW JOB TITLE: SHOP LABORER	
Arthritis, acromioclavicular:		
Physical examination—range of motion	<40 degrees flexion	D
Physical examination—range of motion	<40 degrees abduction	D
Arthritis, glenohumeral: Physical examination—range of motion	<40 degrees flexion	D
Physical examination—range of motion Physical examination—range of motion	<40 degrees flexion	D
Rotator cuff tear:	440 degrees abadeller	
Physical examination—range of motion	<40 degrees flexion	D
Physical examination—range of motion	<40 degrees abduction	D
Permanent functional limitation, elbow:		_
Physical examination Physical examination—range of motion	≤40 degrees deviation Flexion limit to 60 degrees	D D
, ,		
,	H. Hand and Arm	
Confirmatory test	-	Requirements
	H. Hand and Arm	Requirements
Confirmatory test Carpal tunnel syndrome:	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS	
Confirmatory test	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS Pain, paresthesia and weakness in dis-	Requirements Highly recommended.
Confirmatory test Carpal tunnel syndrome:	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS Pain, paresthesia and weakness in distribution median nerve. Definite median nerve conduction slowing	•
Confirmatory test Carpal tunnel syndrome: Medical record review	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS Pain, paresthesia and weakness in distribution median nerve. Definite median nerve conduction slowing at wrist.	Highly recommended. Highly recommended.
Confirmatory test Carpal tunnel syndrome: Medical record review Nerve conduction testing	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS Pain, paresthesia and weakness in distribution median nerve. Definite median nerve conduction slowing	Highly recommended.
Confirmatory test Carpal tunnel syndrome: Medical record review Nerve conduction testing	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS Pain, paresthesia and weakness in distribution median nerve. Definite median nerve conduction slowing at wrist.	Highly recommended. Highly recommended. Recommended.
Carpal tunnel syndrome: Medical record review Nerve conduction testing Electromyography Fracture: wrist: X-ray: wrist	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS Pain, paresthesia and weakness in distribution median nerve. Definite median nerve conduction slowing at wrist. Denervation in severe cases	Highly recommended. Highly recommended.
Carpal tunnel syndrome: Medical record review Nerve conduction testing Electromyography	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS Pain, paresthesia and weakness in distribution median nerve. Definite median nerve conduction slowing at wrist. Denervation in severe cases	Highly recommended. Highly recommended. Recommended.
Carpal tunnel syndrome: Medical record review Nerve conduction testing Electromyography Fracture: wrist: X-ray: wrist Hand: permanent functional limitation: Medical record review	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS Pain, paresthesia and weakness in distribution median nerve. Definite median nerve conduction slowing at wrist. Denervation in severe cases	Highly recommended. Highly recommended. Recommended. Highly recommended. Highly recommended.
Confirmatory test Carpal tunnel syndrome: Medical record review Nerve conduction testing Electromyography Fracture: wrist: X-ray: wrist Hand: permanent functional limitation: Medical record review Physical examination	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS Pain, paresthesia and weakness in distribution median nerve. Definite median nerve conduction slowing at wrist. Denervation in severe cases	Highly recommended. Highly recommended. Recommended. Highly recommended. Highly recommended. Highly recommended.
Carpal tunnel syndrome: Medical record review Nerve conduction testing Electromyography Fracture: wrist: X-ray: wrist Land: permanent functional limitation: Medical record review	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS Pain, paresthesia and weakness in distribution median nerve. Definite median nerve conduction slowing at wrist. Denervation in severe cases	Highly recommended. Highly recommended. Recommended. Highly recommended. Highly recommended.
Carpal tunnel syndrome: Medical record review Nerve conduction testing Electromyography Fracture: wrist: X-ray: wrist Land: permanent functional limitation: Medical record review Physical examination Imaging study (e.g. X-ray, CAT, MRI)	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS Pain, paresthesia and weakness in distribution median nerve. Definite median nerve conduction slowing at wrist. Denervation in severe cases	Highly recommended. Highly recommended. Recommended. Highly recommended. Highly recommended. Highly recommended.
Carpal tunnel syndrome: Medical record review Nerve conduction testing Electromyography Fracture: wrist: X-ray: wrist Land: permanent functional limitation: Medical record review Physical examination Imaging study (e.g. X-ray, CAT, MRI)	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS Pain, paresthesia and weakness in distribution median nerve. Definite median nerve conduction slowing at wrist. Denervation in severe cases	Highly recommended. Highly recommended. Recommended. Highly recommended. Highly recommended. Highly recommended.
Confirmatory test Carpal tunnel syndrome: Medical record review	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS Pain, paresthesia and weakness in distribution median nerve. Definite median nerve conduction slowing at wrist. Denervation in severe cases Evidence of fracture Documentation of medical condition for permanent limitation. Definite reproducible evidence of limitation Positive confirmation of underlying condition. Titer of rheumatoid factor	Highly recommended. Highly recommended. Recommended. Highly recommended. Highly recommended. Highly recommended. Highly recommended.
Confirmatory test Carpal tunnel syndrome: Medical record review	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS Pain, paresthesia and weakness in distribution median nerve. Definite median nerve conduction slowing at wrist. Denervation in severe cases Evidence of fracture Documentation of medical condition for permanent limitation. Definite reproducible evidence of limitation Positive confirmation of underlying condition. Titer of rheumatoid factor	Highly recommended. Highly recommended. Recommended. Highly recommended. Highly recommended. Highly recommended. Highly recommended. Highly recommended.
Carpal tunnel syndrome: Medical record review Nerve conduction testing Electromyography Fracture: wrist: X-ray: wrist Medical record review Physical examination Imaging study (e.g. X-ray, CAT, MRI) Rheumatoid arthritis: hand: Rheumatoid factor Medical record review X-ray: hand	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS Pain, paresthesia and weakness in distribution median nerve. Definite median nerve conduction slowing at wrist. Denervation in severe cases Evidence of fracture Documentation of medical condition for permanent limitation. Definite reproducible evidence of limitation Positive confirmation of underlying condition. Titer of rheumatoid factor	Highly recommended. Highly recommended. Recommended. Highly recommended. Highly recommended. Highly recommended. Highly recommended. Recommended.
Carpal tunnel syndrome: Medical record review Nerve conduction testing Electromyography Fracture: wrist: X-ray: wrist Hand: permanent functional limitation: Medical record review Physical examination Imaging study (e.g. X-ray, CAT, MRI) Rheumatoid arthritis: hand: Rheumatoid factor Medical record review X-ray: hand Fenosynovitis:	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS Pain, paresthesia and weakness in distribution median nerve. Definite median nerve conduction slowing at wrist. Denervation in severe cases Evidence of fracture Documentation of medical condition for permanent limitation. Definite reproducible evidence of limitation Positive confirmation of underlying condition. Titer of rheumatoid factor	Highly recommended. Highly recommended. Recommended. Highly recommended.
Confirmatory test Carpal tunnel syndrome: Medical record review	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS Pain, paresthesia and weakness in distribution median nerve. Definite median nerve conduction slowing at wrist. Denervation in severe cases Evidence of fracture Documentation of medical condition for permanent limitation. Definite reproducible evidence of limitation Positive confirmation of underlying condition. Titer of rheumatoid factor	Highly recommended. Highly recommended. Recommended. Highly recommended. Highly recommended. Highly recommended. Highly recommended. Highly recommended.
Carpal tunnel syndrome: Medical record review Nerve conduction testing Electromyography	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS Pain, paresthesia and weakness in distribution median nerve. Definite median nerve conduction slowing at wrist. Denervation in severe cases Evidence of fracture	Highly recommended. Highly recommended. Recommended. Highly recommended.
Carpal tunnel syndrome: Medical record review Nerve conduction testing Electromyography Fracture: wrist: X-ray: wrist Hand: permanent functional limitation: Medical record review Physical examination Imaging study (e.g. X-ray, CAT, MRI) Rheumatoid arthritis: hand: Rheumatoid factor Medical record review X-ray: hand Fenosynovitis:	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS Pain, paresthesia and weakness in distribution median nerve. Definite median nerve conduction slowing at wrist. Denervation in severe cases Evidence of fracture Documentation of medical condition for permanent limitation. Definite reproducible evidence of limitation Positive confirmation of underlying condition. Titer of rheumatoid factor	Highly recommended. Highly recommended. Recommended. Highly recommended.
Carpal tunnel syndrome: Medical record review Nerve conduction testing Electromyography Fracture: wrist: X-ray: wrist Hand: permanent functional limitation: Medical record review Physical examination Imaging study (e.g. X-ray, CAT, MRI) Rheumatoid arthritis: hand: Rheumatoid factor Medical record review X-ray: hand Fenosynovitis: Medical record review Physical examination	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS Pain, paresthesia and weakness in distribution median nerve. Definite median nerve conduction slowing at wrist. Denervation in severe cases Evidence of fracture Documentation of medical condition for permanent limitation. Definite reproducible evidence of limitation Positive confirmation of underlying condition. Titer of rheumatoid factor	Highly recommended. Highly recommended. Recommended. Highly recommended.
Carpal tunnel syndrome: Medical record review	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS Pain, paresthesia and weakness in distribution median nerve. Definite median nerve conduction slowing at wrist. Denervation in severe cases	Highly recommended. Highly recommended. Recommended. Highly recommended.
Confirmatory test Carpal tunnel syndrome: Medical record review Nerve conduction testing Electromyography	H. Hand and Arm Minimum result BODY PART: HAND AND ARM CONFIRMATORY TESTS Pain, paresthesia and weakness in distribution median nerve. Definite median nerve conduction slowing at wrist. Denervation in severe cases Evidence of fracture Documentation of medical condition for permanent limitation. Definite reproducible evidence of limitation Positive confirmation of underlying condition. Titer of rheumatoid factor	Highly recommended. Highly recommended. Recommended. Highly recommended.

20 CFR Ch. II (4-1-10 Edition)

H. Hand and Arm—Continued

Confirmatory test	Minimum result	Requirements
Wrist: Permanent functional limitation: Medical record review	Documentation of medical condition for permanent limitation. Definite reproducible evidence of limitation Positive confirmation of underlying condi-	Highly recommended. Highly recommended. Highly recommended.
imaging study (e.g. X-ray, CAT, MHI)	tion.	nigniy recommended.
Disability test	Test result	Disability classification
	BODY PART: HAND AND ARM JOB TITLE: TRAINMAN	
Fracture, wrist:		
Physical examination—range of motion	Extension—limit to 30 degrees	D
Physical examination—range of motion	Flexion—limit to 30 degrees	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral	D
Rheumatoid arthritis hand:	0::	D
Physical examination	Significant deformity	D
Medical record review	Significant flare-ups, under treatment with	D
Medical record review	rheumatologist.	D
Medical record review	Extensive medication use, under treatment with rheumatologist.	D
humb: permanent functional limitation:	with mountatologist.	
Adduction of thumb	Loss ≤4 cm	D
Ankylosis: degree from neutral	<20 degrees extension	D
Ankylosis: degree from neutral	<40 degrees flexion	D
Loss of extension or flexion	MCP or PIP: maximum flexion <40 de-	D
	grees.	_
Opposition	Loss ≤4 cm	D
Wrist: permanent functional limitation:.		
Physical examination—range of motion	Extension—limit to 30 degrees	D
Physical examination—range of motion	Flexion—limit to 30 degrees	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral	D
	BODY PART: HAND AND ARM JOB TITLE ENGINEER	
racture, wrist:		_
Physical examination—range of motion	Extension-limit to 30 degrees	D
Physical examination—range of motion	Flexion-limit to 30 degrees	D D
Physical examination—range of motion Rheumatoid arthritis hand:	Ankylosis: ≤20 degrees from neutral	D
Physical examination	Significant deformity	D
Medical record review	Significant deformity	D
Wedical record review	rheumatologist.	D
Medical record review	Extensive medication use, under treatment	D
Thumb: permanent functional limitation:	with rheumatologist.	
Adduction of thumb	Loss ≤4 cm	D
Ankylosis: degree from neutral	<20 degrees extension	D
Ankylosis: degree from neutral	<40 degrees flexion	D
Loss of extension or flexion	MCP or PIP: maximum flexion <40 de-	D
2000 OF OAKOHOLOH OF HOMEH THINHHILL	grees.	2
Opposition	Loss ≤4 cm	D
Opposition Wrist: permanent functional limitation:	Loss ≤4 cm	D
	Loss ≤4 cm Extension—limit to 30 degrees	D D
Vrist: permanent functional limitation: Physical examination—range of motion Physical examination—range of motion	Extension—limit to 30 degrees	D D
Wrist: permanent functional limitation: Physical examination—range of motion	Extension—limit to 30 degrees	D
Wrist: permanent functional limitation: Physical examination—range of motion Physical examination—range of motion	Extension—limit to 30 degrees	D D
Wrist: permanent functional limitation: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion	Extension—limit to 30 degrees	D D
Wrist: permanent functional limitation: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Fracture, wrist:	Extension—limit to 30 degrees	D D D
Wrist: permanent functional limitation: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Fracture, wrist: Physical examination—range of motion	Extension—limit to 30 degrees	D D D D
Wrist: permanent functional limitation: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion	Extension—limit to 30 degrees	D D D D D D
Wrist: permanent functional limitation: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion	Extension—limit to 30 degrees	D D D D
Wrist: permanent functional limitation: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Fracture, wrist: Physical examination—range of motion	Extension—limit to 30 degrees	D D D D D D D
Wrist: permanent functional limitation: Physical examination—range of motion	Extension—limit to 30 degrees	D D D D D D D
Wrist: permanent functional limitation: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Fracture, wrist: Physical examination—range of motion	Extension—limit to 30 degrees	D D D D D D
Wrist: permanent functional limitation: Physical examination—range of motion	Extension—limit to 30 degrees	D D D D D D D

Disability test	Test result	Disability classification
Thumb: permanent functional limitation:		
Adduction of thumb	Loss ≤4 cm	D
Ankylosis: degree from neutral	<20 degrees extension	D
Ankylosis: degree from neutral	<40 degrees flexion	D
Loss of extension or flexion	MCP or PIP: maximum flexion <40 de-	D
LOSS OF EXTERISION OF HEXION	grees.	D
Opposition		Б
	Loss ≤4 cm	D
Wrist: permanent functional limitation:	F	5
Physical examination—range of motion	Extension—limit to 30 degrees	D
Physical examination—range of motion	Flexion—limit to 30 degrees	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral	D
	BODY PART: HAND AND ARM JOB TITLE: CARMAN	
Fracture wriet:		
Fracture, wrist:	Extension—limit to 30 degrees	D
Physical examination—range of motion		
Physical examination—range of motion	Flexion—limit to 30 degrees	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral	D
Rheumatoid arthritis hand:	L	
Physical examination	Significant deformity	D
Medical record review	Significant flare-ups, under treatment with	D
	rheumatologist.	
Medical record review	Extensive medication use, under treatment	D
	with rheumatologist.	
Thumb: permanent functional limitation:		
Adduction of thumb:	Loss ≤4 cm	D
Ankylosis: degree from neutral	<20 degrees extension	
		D
Ankylosis: degree from neutral	<40 degrees flexion	D
Loss of extension or flexion	MCP of PIP: maximum flexion <40 de-	D
	grees.	
Opposition	Loss ≤4 cm	D
Vrist: permanent functional limitation:		
Physical examination—range of motion	Extension—limit to 30 degrees	D
		D
Physical examination—range of motion	Flexion—limit to 30 degrees	D
Physical examination—range of motion Physical examination—range of motion	Flexion—limit to 30 degrees Ankylosis: ≤20 degrees from neutral	D
Physical examination—range of motion Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral	
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM	
Physical examination—range of motion Fracture, wrist:	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN	D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand:	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand:	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation:	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral Ankylosis: degree from neutral	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Chumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral Loss of extension or flexion	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral Ankylosis: degree from neutral	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—mange of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral Loss of extension or flexion Opposition	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—mange of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral Loss of extension or flexion Opposition	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees Flexion—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees Flexion—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Medical record review Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees Flexion—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Medical record review Medical record review Ankylosis: degree from neutral Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Medical record review Medical record review Ankylosis: degree from neutral Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—Medical record review Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Medical record review Medical record review Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral Ankylosis: degree from neutral Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Fracture, wrist: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Medical record review Medical record review Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D

20 CFR Ch. II (4-1-10 Edition)

Disability test	Test result	Disability classification
Thumb: permanent functional limitation:		
Adduction of thumb	Loss ≤4 cm	D
Ankylosis: degree from neutral	<20 degrees extension	D
Ankylosis: degree from neutral	<40 degrees flexion	D
Loss of extension or flexion	MCP or PIP: maximum flexion <40 de-	D
2000 of extension of nexten minimum	grees.	
Opposition	Loss ≤4 cm	D
Wrist: permanent functional limitation:	200 24 011	
Physical examination—range of motion	Extension—limit to 30 degrees	D
Physical examination—range of motion	Flexion—limit to 30 degrees	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral	D
	BODY PART: HAND AND ARM JOB TITLE: MACHINIST	
Fracture, wrist:		
Physical examination—range of motion	Extension—limit to 30 degrees	D
Physical examination—range of motion	Flexion—limit to 30 degrees	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral	D
Rheumatoid arthritis hand:		
Physical examination	Significant deformity	D
Medical record review	Significant flare-ups, under treatment with	D
	rheumatologist.	
Medical record review	Extensive medication use, under treatment	D
	with rheumatologist.	
Thumb: permanent functional limitation:		
Adduction of thumb	Loss ≤4 cm	D
Ankylosis: degree from neutral	<20 degrees extension	D
Ankylosis: degree from neutral	<40 degrees flexion	D
Loss of extension or flexion	MCP or PIP: maximum flexion <40 de-	D
	grees.	
Opposition	Loss ≤4 cm	D
Wrist: permanent functional limitation:		
Physical examination—range of motion	Extension—limit to 30 degrees	D
Physical examination—range of motion	Flexion—limit to 30 degrees	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral	D
,		
	BODY PART: HAND AND ARM JOB TITLE: SHOP LABORER	
Fracture wrist:		
Fracture, wrist: Physical examination—range of motion	JOB TITLE: SHOP LABORER	D
Physical examination—range of motion	JOB TITLE: SHOP LABORER Extension—limit to 30 degrees	D D
Physical examination—range of motion Physical examination—range of motion	JOB TITLE: SHOP LABORER Extension—limit to 30 degrees Flexion—limit to 30 degrees	D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion	JOB TITLE: SHOP LABORER Extension—limit to 30 degrees	
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand:	JOB TITLE: SHOP LABORER Extension—limit to 30 degrees	D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination	JOB TITLE: SHOP LABORER Extension—limit to 30 degrees	D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand:	JOB TITLE: SHOP LABORER Extension—limit to 30 degrees	D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination	JOB TITLE: SHOP LABORER Extension—limit to 30 degrees	D D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination	JOB TITLE: SHOP LABORER Extension—limit to 30 degrees	D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review	JOB TITLE: SHOP LABORER Extension—limit to 30 degrees	D D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination	JOB TITLE: SHOP LABORER Extension—limit to 30 degrees	D D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb	Extension—limit to 30 degrees	D D D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral	JOB TITLE: SHOP LABORER Extension—limit to 30 degrees	D D D D D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral	Extension—limit to 30 degrees	D D D D D D D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral	Extension—limit to 30 degrees	D D D D D D D D D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Ankylosis: degree from neutral Loss of extension or flexion	Significant deformity Significant deformity Significant flare-ups, under treatment with rheumatologist. Loss ≤4 cm <20 degrees extension <40 degrees extension MCP or PIP: maximum flexion <40 degrees.	D D D D D D D D D D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination	Extension—limit to 30 degrees	D D D D D D D D D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation:	Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion	Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion Physical examination—range of motion	Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion	Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion Physical examination—range of motion	Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion	Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion	Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination	Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion	Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion	Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination — Medical record review — Medical record from neutral — Ankylosis: degree from neutral — Medical Examination — Medical Record from the Medical Rec	Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion Rheumatoid arthritis hand: Physical examination	Extension—limit to 30 degrees	
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination — Medical record review — Medical record from neutral — Ankylosis: degree from neutral — Medical Examination — Medical Record from the Medical Rec	Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination — Medical record review — Ankylosis: degree from neutral — Ankylosis: degree from neutral — Loss of extension or flexion — Opposition — Wrist: permanent functional limitation: Physical examination—range of motion Rheumatoid arthritis hand: Physical examination — Medical record review — Medical	Extension—limit to 30 degrees	D D D D D D D D D D D D D D D D D D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Rheumatoid arthritis hand: Physical examination Medical record review Medical record review Medical record review Medical record review Thumb: permanent functional limitation: Adduction of thumb Ankylosis: degree from neutral Loss of extension or flexion Opposition Wrist: permanent functional limitation: Physical examination—range of motion Rheumatoid arthritis hand: Physical examination	Extension—limit to 30 degrees	

Disability test	Test result	Disability classification
Thumb: permanent functional limitation:		
	1 aaa <4 am	D
Adduction of thumb Ankylosis: degree from neutral	Loss ≤4 cm	D
Ankylosis: degree from neutral	<40 degrees flexion	D
Loss of extension or flexion	MCP or PIP: maximum flexion <40 de-	D
Loop of extension of mexicit	grees.	
Opposition	Loss ≤4 cm	D
Wrist: permanent functional limitation:		
Physical examination—range of motion	Extension—limit to 30 degrees	D
Physical examination—range of motion	Flexion—limit to 30 degrees	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral	D
	BODY PART: HAND AND ARM IOB TITLE: GENERAL OFFICE CLERK	
Fracture, wrist:		
Physical examination—range of motion	Extension—limit to 30 degrees	D
Physical examination—range of motion	Flexion—limit to 30 degrees	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral	D
Rheumatoid arthritis hand:		
Physical examination	Significant deformity	D
Medical record review	Significant flare-ups, under treatment with	D
	rheumatologist.	
Medical record review	Extensive medication use, under treatment	D
Thumbs permanent functional limitations	with rheumatologist.	
Thumb: permanent functional limitation: Adduction of thumb	Loss ≤4 cm	D
Ankylosis: degree from neutral	<20 degree extension	D
Ankylosis: degree from neutral	<40 degree extension	D
Loss of extension or flexion	MCP or PIP: maximum flexion <40 de-	D
	grees.	
Opposition	Loss ≤4 cm	D
Wrist: permanent functional limitation:		
Physical examination—range of motion	Extension—limit to 30 degrees	D
Physical examination—range of motion	Flexion—limit to 30 degrees	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral	D
	I. Hip	
Confirmatory test	Minimum result	Requirements
	BODY PART: HIP CONFIRMATORY TESTS	
Anladooio hin:	1	
Ankylosis, hip:	Futurament in internation	History December and ad
X-ray: hip	Extreme joint destruction	Highly Recommended
X-ray: hip Physical examination—range of motion	Extreme joint destruction	Highly Recommended. Highly Recommended.
X-ray: hipPhysical examination—range of motion Osteoarthritis, hip:	No mobility	Highly Recommended.
X-ray: hip Physical examination—range of motion		
X-ray: hipPhysical examination—range of motion Osteoarthritis, hip:	No mobility	Highly Recommended.
X-ray: hip Physical examination—range of motion Osteoarthritis, hip: X-ray: hip Magnetic resonance imaging	No mobility	Highly Recommended. Recommended. Recommended.
X-ray: hip	No mobility	Highly Recommended. Recommended.
X-ray: hip	No mobility	Highly Recommended. Recommended. Recommended.
X-ray: hip ———————————————————————————————————	No mobility	Highly Recommended. Recommended. Recommended. Recommended.
X-ray: hip Physical examination—range of motion Osteoarthritis, hip: X-ray: hip	No mobility	Highly Recommended. Recommended. Recommended.
X-ray: hip Physical examination—range of motion Osteoarthritis, hip: X-ray: hip Magnetic resonance imaging Computerized axial tomography Osteomyelitis, hip: X-ray: hip Computerized axial tomography Paget's disease:	No mobility <4 mm joint space, or other positive evidence. <4 mm joint space, or other positive evidence. <4 mm joint space, or other positive evidence. Evidence of chronic infection	Highly Recommended. Recommended. Recommended. Recommended. Recommended.
X-ray: hip — Physical examination—range of motion Osteoarthritis, hip: X-ray: hip	No mobility <4 mm joint space, or other positive evidence. <4 mm joint space, or other positive evidence. <4 mm joint space, or other positive evidence. <5 mm joint space, or other positive evidence. Evidence of chronic infection	Highly Recommended. Recommended. Recommended. Recommended. Recommended. Recommended. Highly Recommended.
X-ray: hip Physical examination—range of motion Osteoarthritis, hip: X-ray: hip Magnetic resonance imaging Computerized axial tomography Osteomyelitis, hip: X-ray: hip Computerized axial tomography Paget's disease: X-ray: hip Alkaline phosphatase	No mobility <4 mm joint space, or other positive evidence. Evidence of chronic infection	Highly Recommended. Recommended. Recommended. Recommended. Recommended. Recommended.
X-ray: hip Physical examination—range of motion Osteoarthritis, hip: X-ray: hip Magnetic resonance imaging Computerized axial tomography Osteomyelitis, hip: X-ray: hip Computerized axial tomography Paget's disease: X-ray: hip Alkaline phosphatase Hip replacement surgery:	No mobility <4 mm joint space, or other positive evidence. Evidence of chronic infection Evidence of chronic infection Osteolytic or blastic lesions Increased up to 50 times	Highly Recommended. Recommended. Recommended. Recommended. Recommended. Highly Recommended. Highly Recommended. Highly Recommended.
X-ray: hip Physical examination—range of motion Osteoarthritis, hip: X-ray: hip	No mobility <4 mm joint space, or other positive evidence. Evidence of chronic infection	Highly Recommended. Recommended. Recommended. Recommended. Recommended. Recommended. Highly Recommended. Highly Recommended. Recommended. Recommended.
X-ray: hip Physical examination—range of motion Osteoarthritis, hip: X-ray: hip Magnetic resonance imaging Computerized axial tomography Osteomyelitis, hip: X-ray: hip Computerized axial tomography Paget's disease: X-ray: hip Alkaline phosphatase Hip replacement surgery:	No mobility <4 mm joint space, or other positive evidence. Evidence of chronic infection Evidence of chronic infection Osteolytic or blastic lesions Increased up to 50 times	Highly Recommended. Recommended. Recommended. Recommended. Recommended. Highly Recommended. Highly Recommended.
X-ray: hip Physical examination—range of motion Osteoarthritis, hip: X-ray: hip	No mobility <4 mm joint space, or other positive evidence. Evidence of chronic infection	Highly Recommended. Recommended. Recommended. Recommended. Recommended. Recommended. Highly Recommended. Highly Recommended. Recommended. Recommended. Recommended.
X-ray: hip Physical examination—range of motion Osteoarthritis, hip: X-ray: hip	No mobility <4 mm joint space, or other positive evidence. Evidence of chronic infection	Highly Recommended. Recommended. Recommended. Recommended. Recommended. Recommended. Highly Recommended. Highly Recommended. Recommended. Recommended.
X-ray: hip Physical examination—range of motion Osteoarthritis, hip: X-ray: hip	No mobility <4 mm joint space, or other positive evidence. Evidence of chronic infection	Highly Recommended. Recommended. Recommended. Recommended. Recommended. Recommended. Highly Recommended. Highly Recommended. Recommended. Recommended. Recommended.
X-ray: hip Physical examination—range of motion Osteoarthritis, hip: X-ray: hip	No mobility -4 mm joint space, or other positive evidence. Evidence of chronic infection	Highly Recommended. Recommended. Recommended. Recommended. Recommended. Recommended. Highly Recommended. Highly Recommended. Recommended. Recommended. Recommended.
X-ray: hip Physical examination—range of motion Osteoarthritis, hip: X-ray: hip	No mobility -4 mm joint space, or other positive evidence. Evidence of chronic infection	Highly Recommended. Recommended. Recommended. Recommended. Recommended. Recommended. Highly Recommended. Highly Recommended. Recommended. Recommended. Recommended.
X-ray: hip Physical examination—range of motion Osteoarthritis, hip: X-ray: hip	No mobility -4 mm joint space, or other positive evidence. Evidence of chronic infection	Highly Recommended. Recommended. Recommended. Recommended. Recommended. Recommended. Highly Recommended. Highly Recommended. Recommended. Recommended. Recommended. Recommended. Recommended.
X-ray: hip Physical examination—range of motion Osteoarthritis, hip: X-ray: hip Magnetic resonance imaging Computerized axial tomography Osteomyelitis, hip: X-ray: hip Computerized axial tomography Paget's disease: X-ray: hip Alkaline phosphatase Hip replacement surgery: X-ray: hip Medical record review Disability test Ankylosis, hip: Physical examination—range of motion	No mobility <4 mm joint space, or other positive evidence. Evidence of chronic infection	Highly Recommended. Recommended. Recommended. Recommended. Recommended. Recommended. Highly Recommended. Highly Recommended. Recommended. Recommended. Disability classification

20 CFR Ch. II (4-1-10 Edition)

Disability test	Test result	Disability classification
Physical examination—range of motion	Ankylosis in abduction ≤5 degrees	D
Physical examination—range of motion	Ankylosis in adduction ≤5 degrees	D
Osteoarthritis, hip:	,	
X-ray: hip	0 mm cartilage interval	D
Physical examination—range of motion	30 degrees flexion contracture	D
Physical examination—range of motion	<50 degrees flexion	D
Physical examination—range of motion	<5 degrees abduction	D
Osteomyelitis, chronic hip:	, and the second	
X-ray: hip	Significant joint destruction	D
Physical examination—range of motion	30 degrees flexion contracture	D
Physical examination—range of motion	<50 degrees flexion	D
Physical examination—range of motion	<5 degrees abduction	D
Medical record review	Documented occurrence of recurring infec-	D
	tions with treatment.	
Paget's disease:		
X-ray: hip	Significant joint destruction	D
Physical examination—range of motion	30 degrees flexion contracture	D
Physical examination—range of motion	<50 degrees flexion	D
Physical examination—range of motion	<5 degrees abduction	D
Hip replacement surgery:	Co degrees abduction	
X-ray: hip	Evidence of artificial hip joint	D
Medical record review	Documentation of prior hip replacement	D
	2004oritation of phot hip replacement	
	BODY PART: HIP	
	JOB TITLE: ENGINEER	
Ankylosis, hip:	[<u></u>	_
Physical examination—range of motion	Ankylosis 5 degrees or ≤flexion	D
Physical examination—range of motion	Ankylosis internal rotation ≤5 degrees	D
Physical examination—range of motion	Ankylosis external rotation ≤10 degrees	D
Physical examination—range of motion	Ankylosis in abduction ≤5 degrees	D
Physical examination—range of motion	Ankylosis in adduction ≤5 degrees	D
Osteoarthritis, hip:		
X-ray: hip	0 mm cartilage interval	D
Physical examination—range of motion	30 degrees flexion contracture	D
Physical examination—range of motion	<50 degrees flexion	D
Physical examination—range of motion	<5 degrees abduction	D
Osteomyelitis, chronic hip:	C5 degrees abduction	
	Ciantinent inint deathwation	D
X-ray: hip	Signficant joint destruction	
Physical examination—range of motion	30 degrees flexion contracture	D
Physical examination—range of motion	<50 degrees flexion	D
Physical examination—range of motion	<5 degrees abduction	D
Medical record review	Documented occurrence of recurring infec-	D
	tions with treatment.	
Paget's disease:		
X-ray: hip	Significant joint destruction	D
Physical examination—range of motion	30 degrees flexion contracture	D
Physical examination—range of motion	<50 degrees flexion	D
Physical examination—range of motion	<5 degrees abduction	D
Hip replacement surgery:		
X-ray: hip	Evidence of artificial hip joint	D
	Documentation of prior hip replacement	D
Medical record review		
Medical record review		-
Medical record review	BODY PART: HIP JOB TITLE: CARMAN	
	BODY PART: HIP JOB TITLE: CARMAN	
Ankylosis, hip: Physical examination—range of motion	BODY PART: HIP JOB TITLE: CARMAN Ankylosis 5 degrees or ≤flexion	D
Ankylosis, hip: Physical examination—range of motion Physical examination—range of motion	BODY PART: HIP JOB TITLE: CARMAN Ankylosis 5 degrees or ≤flexion	D D
Ankylosis, hip: Physical examination—range of motion	BODY PART: HIP JOB TITLE: CARMAN Ankylosis 5 degrees or ≤flexion	D
Ankylosis, hip: Physical examination—range of motion Physical examination—range of motion	BODY PART: HIP JOB TITLE: CARMAN Ankylosis 5 degrees or ≤flexion	D D
Ankylosis, hip: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion	BODY PART: HIP JOB TITLE: CARMAN Ankylosis 5 degrees or ≤flexion Ankylosis internal rotation ≤5 degrees Ankylosis external rotation ≤10 degrees Ankylosis in abduction ≤5 degrees	D D D
Ankylosis, hip: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion	BODY PART: HIP JOB TITLE: CARMAN Ankylosis 5 degrees or ≤flexion	D D D
Ankylosis, hip: Physical examination—range of motion Osteoarthritis, hip:	BODY PART: HIP JOB TITLE: CARMAN Ankylosis 5 degrees or ≤flexion	D D D D D
Ankylosis, hip: Physical examination—range of motion Osteoarthritis, hip: X-ray: hip	BODY PART: HIP JOB TITLE: CARMAN Ankylosis 5 degrees or ≤flexion	D D D D D
Ankylosis, hip: Physical examination—range of motion Osteoarthritis, hip: X-ray: hip Physical examination—range of motion	BODY PART: HIP JOB TITLE: CARMAN Ankylosis 5 degrees or ≤flexion	D D D D D D D D D D D D D D D D D D D
Ankylosis, hip: Physical examination—range of motion Osteoarthritis, hip: X-ray: hip Physical examination—range of motion Physical examination—range of motion	BODY PART: HIP JOB TITLE: CARMAN Ankylosis 5 degrees or ≤flexion Ankylosis internal rotation ≤5 degrees Ankylosis external rotation ≤10 degrees Ankylosis in abduction ≤5 degrees Ankylosis in adduction ≤5 degrees O mm cartilage interval 30 degrees flexion contracture <50 degrees flexion	D D D D D D D D D D D D D D D D D D D
Ankylosis, hip: Physical examination—range of motion Osteoarthritis, hip: X-ray: hip Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion	BODY PART: HIP JOB TITLE: CARMAN Ankylosis 5 degrees or ≤flexion	D D D D D D D D D D D D D D D D D D D
Ankylosis, hip: Physical examination—range of motion Osteoarthritis, hip: X-ray: hip Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Osteomyelitis, chronic hip:	BODY PART: HIP JOB TITLE: CARMAN Ankylosis 5 degrees or ≤flexion	D D D D D D D D D D D D D D D D D D D
Ankylosis, hip: Physical examination—range of motion Osteoarthritis, hip: X-ray: hip Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Osteomyelitis, chronic hip: X-ray: hip	BODY PART: HIP JOB TITLE: CARMAN Ankylosis 5 degrees or ≤flexion	D D D D D D D D D D D D D D D D D D D
Ankylosis, hip: Physical examination—range of motion Osteoarthritis, hip: X-ray: hip ——Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Osteomyelitis, chronic hip: X-ray: hip Physical examination—range of motion	BODY PART: HIP JOB TITLE: CARMAN Ankylosis 5 degrees or ≤flexion	D D D D D D D D D D D D D D D D D D D
Ankylosis, hip: Physical examination—range of motion Osteoarthritis, hip: X-ray: hip Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Osteomyelitis, chronic hip: X-ray: hip Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion	BODY PART: HIP JOB TITLE: CARMAN Ankylosis 5 degrees or ≤flexion	D D D D D D D D D D D D D D D D D D D
Ankylosis, hip: Physical examination—range of motion Osteoarthritis, hip: X-ray: hip Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Osteomyelitis, chronic hip: X-ray: hip Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion	BODY PART: HIP JOB TITLE: CARMAN Ankylosis 5 degrees or ≤flexion	D D D D D D D D D D D D D D D D D D D
Ankylosis, hip: Physical examination—range of motion Osteoarthritis, hip: X-ray: hip Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Osteomyelitis, chronic hip: X-ray: hip Physical examination—range of motion Physical examination—range of motion	BODY PART: HIP JOB TITLE: CARMAN Ankylosis 5 degrees or ≤flexion	D D D D D D D D D D D D D D D D D D D

Aget's disease: X-ray: hip Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion lip replacement surgery: X-ray: hip Medical record review	Significant joint destruction 30 degrees flexion contracture -50 degrees flexion -5 degrees abduction	D D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion lip replacement surgery: X-ray: hip	30 degrees flexion contracture	D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion lip replacement surgery: X-ray: hip	30 degrees flexion contracture	
Physical examination—range of motion lip replacement surgery: X-ray: hip		D
Physical examination—range of motion lip replacement surgery: X-ray: hip		
lip replacement surgery: X-ray: hip	g	D
X-ray: hip	I .	
	Evidence of artificial hip joint	D
Wedical record review	Documentation of prior hip replacement	D
		В
	BODY PART: HIP JOB TITLE: SIGNALMAN	
unkylosis, hip:		
Physical examination—range of motion	Ankylosis 5 degrees or ≤flexion	D
Physical examination—range of motion	Ankylosis internal rotation ≤5 degrees	D
Physical examination—range of motion	Ankylosis external rotation ≤10 degrees	D
Physical examination—range of motion	Ankylosis in abduction ≤5 degrees	D
Physical examination—range of motion	Ankylosis in adduction ≤5 degrees	D
Osteoarthritis, hip:	,	
X-ray: hip	0 mm cartilage interval	D
Physical examination range of matter		
Physical examination—range of motion	30 degrees flexion contracture	D
Physical examination—range of motion	<50 degrees flexion	D
Physical examination—range of motion	<5 degrees abduction	D
Osteomyelitis, chronic hip:		
X-ray: hip	Significant joint destruction	D
Physical examination—range of motion	30 degrees flexion contracture	D
	<50 degrees flexion	D
Physical examination—range of motion		
Physical examination—range of motion	<5 degrees abduction	D
Medical record review	Documented occurrence of recurring infections with treatment.	D
'aget's disease:	aone mar accument	
X-ray: hip	Significant joint destruction	D
Physical examination—range of motion	30 degrees flexion contracture	D
Physical examination—range of motion	<50 degrees flexion	D
Physical examination—range of motion	<5 degrees abduction	D
lip replacement surgery:	Co degrees abduction	D
X-ray: hip	Evidence of artificial hip joint	D
Medical record review	Documentation of prior hip replacement	D
	BODY PART: HIP JOB TITLE: TRACKMAN	
uladesia him		
nkylosis, hip: Physical examination—range of motion	Ankylosis 5 degrees or ≤flexion	D
		D
Physical examination—range of motion	Ankylosis internal rotation ≤5 degrees	
Physical examination—range of motion	Ankylosis external rotation ≤10 degrees	D
Physical examination—range of motion	Ankylosis in abduction ≤5 degrees	D
Physical examination—range of motion	Ankylosis in adduction ≤5 degrees	D
Osteoarthritis, hip:		
X-ray: hip	0 mm cartilage interval	D
Physical examination—range of motion	30 degrees flexion contracture	D
Physical examination—range of motion	<50 degrees flexion	D
Physical examination—range of motion	<5 degrees abduction	D
Osteomyelitis, chronic hip:		
X-ray: hip	Significant joint destruction	D
Physical examination—range of motion	30 degrees flexion contracture	D
Physical examination—range of motion	<50 degrees flexion	
Physical examination—range of motion	<5 degrees abduction	D
Medical record review	Documented occurrence of recurring infec-	D
wedical record review	tions with treatment.	J J
'aget's disease:		
X-ray: hip	Significant joint destruction	D
Physical examination—range of motion	30 degrees flexion contracture	D
Physical examination—range of motion	<50 degrees flexion	D
Physical examination range of matter		
Physical examination—range of motion	<5 degrees abduction	٥
lip replacement surgery:		
X-ray: hip	Evidence of artificial hip joint	D
Medical record review	Documentation of prior hip replacement	D
	BODY PART: HIP JOB TITLE: MACHINIST	

	I	
Disability test	Test result	Disability classification
Physical examination—range of motion	Ankylosis internal rotation ≤5 degrees	D
Physical examination—range of motion	Ankylosis external rotation ≤10 degrees	D
Physical examination—range of motion	Ankylosis in abduction ≤5 degrees	D
Physical examination—range of motion	Ankylosis in adduction ≤5 degrees	D
Osteoarthritis, hip:	,	
X-ray: hip	0 mm cartilage interval	D
Physical examination—range of motion	30 degrees flexion contracture	D
Physical examination—range of motion	<50 degrees flexion	D
Physical examination—range of motion	<5 degrees abduction	D
Osteomyelitis, chronic hip:	, and the second	
X-ray: hip	Significant joint destruction	D
Physical examination—range of motion	30 degrees flexion contracture	D
Physical examination—range of motion	<50 degrees flexion	D
Physical examination—range of motion	<5 degrees abduction	D
Medical record review	Documented occurrence of recurring infec-	D
	tions with treatment.	
Paget's disease:		
X-ray: hip	Significant joint destruction	D
Physical examination—range of motion	30 degrees flexion contracture	D
Physical examination—range of motion	<50 degrees flexion	D
Physical examination—range of motion	<5 degrees abudction	D
Hip replacement surgery:	Co degrees abadellori	5
X-ray: hip	Evidence of artificial hip joint	D
Medical record review	Documentation of prior hip replacement	D
iviedical record review	Documentation of phornip replacement	В
	BODY PART: HIP JOB TITLE: SHOP LABORER	
Ankylosis, hip:		
Physical examination—range of motion	Ankylosis 5 degrees of ≤flexion	D
Physical examination—range of motion	Ankylosis internal rotation ≤5 degrees	D
Physical examination—range of motion	Ankylosis external rotation ≤10 degrees	D
Physical examination—range of motion	Ankylosis in abduction ≤5 degrees	D
Physical examination—range of motion	Ankylosis in adduction ≤5 degrees	D
Osteoarthritis, hip:	,	-
X-ray: hip	0 mm cartilage interval	D
Physical examination—range of motion	30 degrees flexion contracture	D
Physical examination—range of motion	<50 degrees flexion	D
Physical examination—range of motion	<5 degrees abduction	D
Osteomyelitis, chronic hip:	Co degrees abduction	
X-ray: hip	Significant joint destruction	D
Physical examination—range of motion	30 degrees flexion contracture	D
		ם
Physical examination—range of motion Physical examination—range of motion	<pre><50 degrees flexion <5 degrees abduction</pre>	D
Medical record review	Documented occurrence of recurring infec-	D
5 N F	tions with treatment.	
Paget's disease:	la	
X-ray; hip	Significant joint destruction	D
Physical examination—range of motion	30 degrees flexion contracture	D
Physical examination—range of motion	<50 degrees flexion	D
Physical examination—range of motion	<5 degrees abduction	D
Hip replacement surgery:		
X-ray: hip	Evidence of artificial hip joint	D
Medical record review	Documentation of prior hip replacement	D
	J. Knee	
	** · · · · · * *	
Confirmatory test	Minimum result	Requirements

Confirmatory test	Minimum result	Requirements
BODY PART: KNEE CONFIRMATORY TESTS		
Arthritis: knee:		
X-ray: knee	Evidence of significant degenerative changes.	Recommended.
Collateral ligament tear with laxity:		
Physical examination: knee	Evidence of ligamentous laxity	Highly Recommended.
Magnetic resonance imaging	Evidence of ligamentous tear	Recommended.
Cruciate and collateral ligament tear with		
laxity:		
Magnetic resonance imaging	Tear of both ligaments	Recommended.
Physical examination Medical record review	Evidence of ligamentous laxity Documentation of tear by arthroscopy	Highly Recommended. Recommended.

Railroad Retirement Board

J. Knee—Continued

Confirmatory test	Minimum result	Requirements
Cruciate ligament tear with laxity:		
Physical examination: knee	Evidence of ligamentous laxity	Highly Recommended.
Magnetic resonance imaging	Evidence of cruciate tear	Recommended.
Medical record review	Documentation of tear by arthroscopy	Recommended.
Intercondylar fracture:		
X-ray: knee	Evidence of fracture	Highly Recommended.
Osteomyelitis: knee:		· · · · · · · · · · · · · · · · · · ·
Medical record review	Documented history of osteomyelitis re-	Highly Recommended.
V was a long a	quiring treatment. Evidence of chronic infection	Recommended.
X-ray: knee		
Computerized tomography	Evidence of chronic infection	Recommended.
Magnetic resonance imaging	Evidence of chronic infection	Recommended.
Osteonecrosis:	Necessia of femoral condula or tibial pla	Decemmended
X-ray: knee	Necrosis of femoral condyle or tibial pla-	Recommended.
Computerized tomography	teau. Necrosis of femoral condyle or tibial pla-	Recommended.
	teau.	
Magnetic resonance imaging	Necrosis of femoral condyle or tibial plateau.	Recommended.
Patellofemoral arthritis:	1044.	
X-ray: knee	Evidence of arthritis	Recommended.
Magnetic resonance imaging	Evidence of arthritis	Recommended.
Physical examination	Crepitation with movement	Highly Recommended.
Patellar fracture nonunion with displace-		3,
ment:		
X-ray: knee	Nonunion and displacement	Recommended.
Magnetic resonance imaging	Nonunion and displacement	Recommended.
Computerized tomography	Nonunion and displacement	Recommended.
Plateau fracture:	I rectional and displacement	Heconinienaea.
X-ray: knee	Evidence of fracture	Recommended.
Computerized tomography	Evidence of fracture	Recommended.
Magnetic resonance imaging	Evidence of fracture	Recommended.
Meniscectomy—medial or lateral:	LVIGORICE OF HACIGIE	rieconninented.
Medical record review	History of surgony	Highly Possmanded
Patellectomy:	History of surgery	Highly Recommended.
Patellectority: Physical examination: knee	Absent patella	Highly Possmanded
Physical examination: knee Patellar—subluxation—recurrent:	Absent patella	Highly Recommended.
Medical record review	History of requirement aubligation	Highly Basemmended
Supracondylar fracture:	History of recurrent subluxation	Highly Recommended.
	Evidence of fracture	Pacammandad
X-ray: knee	Evidence of fracture	Recommended. Recommended.
Magnetic resonance imaging		
Computerized tomography	Evidence of fracture	Recommended.
Total knee replacement:	Branner of ventages	Danaman da d
X-ray: knee	Presence of replacement knee	Recommended.
Medical record review	Documented surgical history	Recommended.
Tibial shaft fracture:	l	l
X-ray: leg	Fracture of shaft	Recommended.
Magnetic resonance imaging	Evidence of fracture	Recommended.
Computerized tomography	Evidence of fracture	Recommended.
Disability test	Test result	Disability classification
	BODY PART: KNEE JOB TITLE: TRAINMAN	
Audiosité Lucas		
Arthritis knee:	Bango of motion: flovier -: CO decree	D
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Physical examination	Valgus deformity, 16–20 degrees	D
Physical examination	Varus deformity, 8–12 degrees	D
	0-1 mm cartilage interval with degenera-	D
X-ray knee		
	tive change.	
Meniscectomy, medial or lateral:	tive change.	
Meniscectomy, medial or lateral: Physical examination—range of motion	tive change. Range of motion: flexion <60 degrees	D
Meniscectomy, medial or lateral: Physical examination—range of motion Physical examination—range of motion	tive change.	D D
Meniscectomy, medial or lateral: Physical examination—range of motion Physical examination—range of motion Collateral ligament tear with laxity:	tive change. Range of motion: flexion <60 degrees Flexion contracture (20 or ≤degrees)	D
Meniscectomy, medial or lateral: Physical examination—range of motion Physical examination—range of motion Collateral ligament tear with laxity: Physical examination—range of motion	tive change. Range of motion: flexion <60 degrees Flexion contracture (20 or ≤degrees) Range of motion: flexion <60 degrees	
Meniscectomy, medial or lateral: Physical examination—range of motion Physical examination—range of motion Collateral ligament tear with laxity:	tive change. Range of motion: flexion <60 degrees Flexion contracture (20 or ≤degrees)	D
Meniscectomy, medial or lateral: Physical examination—range of motion Physical examination—range of motion Collateral ligament tear with laxity: Physical examination—range of motion	tive change. Range of motion: flexion <60 degrees Flexion contracture (20 or ≤degrees) Range of motion: flexion <60 degrees	D D
Meniscectomy, medial or lateral: Physical examination—range of motion Physical examination—range of motion Collateral ligament tear with laxity: Physical examination—range of motion Physical examination—range of motion	tive change. Range of motion: flexion <60 degrees Flexion contracture (20 or ≤degrees) Range of motion: flexion <60 degrees	D D

Dischillertert	Task	Dischille -1
Disability test	Test result	Disability classification
Cruciate ligament tear with laxity:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Intercondylar fracture:		
Post fracture angulation	≤20 degrees angulation	D
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Osteomyelitis, chronic knee:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Physical examination	Valgus deformity, 16-20 degrees	D
Physical examination	Varus deformity, 8-12 degrees	D
Medical record review	Frequent episodes of infection requiring treatment.	D
X-ray knee	0-1 mm cartilage interval with degenera-	D
Ostanasaisi	tive change.	
Osteonecrosis:	Donne of median floring 60 decrees	5
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Physical examination	Valgus deformity, 16–20 degrees	D
Physical examination	Varus deformity, 8–12 degrees	D
X-ray knee	0-1 mm cartilage interval with degenera-	D
	tive change.	
Patellofemoral arthritis:		_
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Physical examination	Valgus deformity, 16–20 degrees	D
Physical examination	Varus deformity, 8-12 degrees	D
X-ray knee: patello femoral joint	0 mm cartilage interval with degenerative	D
•	change.	
Patellar fracture nonunion with displace-		
ment:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
X-ray knee	Nonunion and ≤3 mm displacement	D
Plateau fracture:	· ·	
Post fracture angulation	≤20 degrees angulation	D
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Patellectomy:	Tiexion contracture (20 or 3 degrees)	6
Physical examination—range of motion	Banga of motion: flavion +60 degrees	D
	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	0
Patellar, subluxation, recurrent:	5 / 11 / 11 - 22 /	5
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Supracondylar fracture:		
Post fracture angulation	≤20 degrees angulation	D
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Tibial shaft fracture:	1	
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Post fracture angulation	≤20 degrees malalignment	D
	BODY PART: KNEE JOB TITLE: ENGINEER	
Arthritia knoo:		
Arthritis knee:	Pango of motion: flovion -60 dograps	D
Physical examination—range of motion	Range of motion: flexion <60 degrees	
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Physical examination	Valgus deformity, 16–20 degrees	D
Physical examination	Varus deformity, 8–12 degrees	D
X-ray knee	0-1 mm cartilage interval with degenera-	D
	tive change.	
Meniscectomy, medial or lateral:	<u></u>	
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Collateral ligament tear with laxity:	1	
	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Physical examination—range of motion Physical examination—range of motion	· · · · · · · · · · · · · · · · · · ·	-
Physical examination—range of motion		
Physical examination—range of motion Cruciate and collateral ligament tear:	Pango of motion: florion -60 degrees	D
Physical examination—range of motion Cruciate and collateral ligament tear: Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion Cruciate and collateral ligament tear: Physical examination—range of motion Physical examination—range of motion	Range of motion: flexion <60 degrees Flexion contracture (20 or ≤ degrees)	D D
Physical examination—range of motion Cruciate and collateral ligament tear: Physical examination—range of motion		D

Flysical examination—range of motion physical e	Disability test	Test result	Disability classification
Post fracture angulation		Flexion contracture (20 or ≤ degrees)	D
Physical examination—range of motion Physical e		<20 degrees angulation	D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—shall be added to the provision of the p			
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination —range of motion Physical examination —range of motion Physical examination—range of motion Physical			
Physical examination—range of motion Physical examination—and of motion Physical examination—was of motion Physical examination—was of motion Physical examination—was of motion Physical examination—and potential Physical exam		Flexion contracture (20 or 5 degrees)	b
Physical examination—Tange of motion Physical examination Physical examination Physical examination Physical examination Physical examination Physical examination Physical examination—Tange of motion Physical examination—Tange of mo		Banga of motion: flavion -60 degrees	D
Physical examination			
Physical examination Varius deformity, 8–12 degrees D X-ray knee O-1 mm cartilage interval with degenerative change. Physical examination—range of motion Physical examination—range of motion Physical examination Varius deformity, 16–20 degrees D Physical examination Varius deformity, 16–20 degrees D Physical examination Varius deformity, 16–20 degrees D Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination Varius deformity, 16–20 degrees D Physical examination—range of motion Physical e			
Medical record review			
Steonecrosis: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—varies of the Company of the Com			
D-1 mm cartilage interval with degenerative change. Physical examination—range of motion Physical examination—range of motion Physical examination Physical examination Physical examination—range of motion Physical examination—range	Medical record review		D
Deteonerorsis: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—some of motion Physical examination—some of motion Physical examination—range of motion Physical examination—with displacement: Physical examination—range of motion Physical examination—range of mo	X-ray knee	0-1 mm cartilage interval with degenera-	D
Physical examination—range of motion Physical examination—ange of motion Physical examination — Advance — Description — Physical examination—ange of motion Physical examinati	Osteonecrosis:	are change.	
Physical examination—range of motion Physical examination or value deformity, 16–20 degrees or D Varus deformity, 16–20 degrees or D Physical examination—range of motion Physical examination—ange of motion Physical examination or Vary knee: patello femoral joint or Vary knee: patello femoral joint or Varus deformity, 16–20 degrees or D Valgus deformity, 16–20 degrees or D P Valgus deformity, 16–20 degrees or D P Valgus deformity, 16–20 degrees or D P Valgus deformity, 16–20 degrees or D Valgus deformity, 16–20 degrees or D Valgus deformity, 16–20 degrees or D P Valgus deformity,	Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination			D
Physical examination			D
Patellofemoral arthritis: Physical examination—range of motion Physical examination—			
Patellofemoral arthritis: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—or motion Physical examination—range of motion Physical examination—range o			
Patelloremoral arthritis: Physical examination—range of motion Physical examination—range of motion Physical examination Physical examination—range of motion Physical examination—r			=
Physical examination—range of motion Physical examination Physical examination—range of motion Physic	Patellofemoral arthritis:		
Physical examination—range of motion Physical examination with displacement: Patellar fracture nonunion with displacement: Physical examination—range of motion Physical examination—range of motio		Bange of motion: flexion <60 degrees	D
Physical examination			
Physical examination			
Patellar fracture nonunion with displacement: Physical examination—range of motion P			
Patellar fracture nonunion with displacement: Physical examination—range of motion Physical examination—range of motion X-ray knee			
ment: Physical examination—range of motion Phys	A lay kilos. patello letitotal joint		
Physical examination—range of motion Physical e			
Physical examination—range of motion X-ray knee			
Nonunion and ≤3 mm displacement D	Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Nonunion and ≤3 mm displacement D		Flexion contracture (20 or ≤ degrees)	D
Plateau fracture: Post fracture angulation — Angue of motion Physical examination—range of motion Physical examination—ra			
Post fracture angulation — Physical examination—range of motion Physical examination			
Physical examination—range of motion Physical e		<20 degrees angulation	D
Physical examination—range of motion Patellectomy: Physical examination—range of motion Post fracture angulation Physical examination—range of motion Physica			
Patellectomy: Physical examination—range of motion Physical examination—range of mot			
Physical examination—range of motion Physical e		1 16x1011 COTILIACIUTE (20 OF 5 UEG1885)	5
Physical examination—range of motion Patellar, subluxation, recurrent: Physical examination—range of motion Physical exam		Bango of motion; flovier -CO decree-	D
Patellar, subluxation, recurrent: Physical examination—range of motion Post fracture angulation Post fracture: Physical examination—range of motion Post fracture angulation Post fracture Post fracture angulation Post fracture Post fr			_
Physical examination—range of motion Post fracture angulation Post flexion Post fracture angulation Post flexion Post fle		Flexion contracture (20 or 5 degrees)	0
Physical examination—range of motion Supracondylar fracture: Post fracture angulation Physical examination—range of motion Post fracture angulation Post fracture (20 or ≤ degrees) Post fracture angulation Post fracture (20 or ≤ degrees) Post fracture angulation Post fracture (20 or ≤ degrees) Post fracture angulation Post fracture (20 or ≤ degrees) Post fracture (Banas of motion, flouis 00 de	D
Supracondylar fracture: Post fracture angulation Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Post fracture angulation Post degrees Dost Plexion contracture (20 or ≤ degrees) Dost Plexion contracture (20 or ≤ de			
Post fracture angulation		riexion contracture (20 or ≤ degrees)	ט
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Post fracture angulation —range of motion Post fracture angulation —range of motion Post fracture angulation—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination —range of motion Physical examination—range of mo		700 da mara a mandati	5
Physical examination—range of motion Physical examination—range of motion Post fracture angulation Arthritis knee: Physical examination—range of motion Physi			
Tibial shaft fracture: Physical examination—range of motion Post fracture angulation Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination Physical examination—range of motion Physical examination—range			
Physical examination—range of motion Post fracture angulation Arthritis knee: Physical examination—range of motion Collateral ligament tear with laxity: Physical examination—range of motion Physical examination—range of motion Cruciate and collateral ligament tear: Physical examination—range of motion		Flexion contracture (20 or ≤ degrees)	ט
Physical examination—range of motion Post fracture angulation		<u> </u>	l _
Post fracture angulation			
BODY PART: KNEE JOB TITLE: CARMAN Arthritis knee: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—motion Physical examination—range of motion Physi			
Arthritis knee: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—value of motion Physical examination—value of motion Physical examination—value of motion Physical examination—value of motion Physical examination—range of motion Cruciate and collateral ligament tear: Physical examination—range of motion Physical examination—range o	Post fracture angulation	≤20 degrees malalignment	D
Arthritis knee: Physical examination—range of motion Physical examination—range of motion Physical examination Physical examination—range of motion Physical examination—range of m			
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—value Physical examination—value Physical examination—value Physical examination—value Physical examination—range of motion Physical exam		JOB IIILE: CARMAN	
Physical examination—range of motion Physical examination Physical examination Physical examination Physical examination Physical examination Physical examination Physical examination—range of motion Physical examination—range of mo		Dance of motion flories CO description	5
Physical examination			
Physical examination			
X-ray knee			
tive change. Meniscectomy, medial or lateral: Physical examination—range of motion Physical examination—range of motion Collateral ligament tear with laxity: Physical examination—range of motion Cruciate and collateral ligament tear: Physical examination—range of motion Cruciate ligament tear with laxity: Bange of motion: flexion <60 degrees Plexion contracture (20 or ≤ degrees) Bange of motion: flexion <60 degrees Plexion contracture (20 or ≤ degrees) Plexion contracture (20 or ≤ degrees) D Flexion contracture (20 or ≤ degrees) D			
Meniscectomy, medial or lateral: Physical examination—range of motion Physical examination—range of motion Collateral ligament tear with laxity: Physical examination—range of motion Physical examination—range of motion Cruciate and collateral ligament tear: Physical examination—range of motion Cruciate ligament tear with laxity: Plexion contracture (20 or ≤ degrees) D D Plexion contracture (20 or ≤ degrees)	X-ray knee	1	D
Physical examination—range of motion Physical examination—range of motion Collateral ligament tear with laxity: Physical examination—range of motion Physical examination—range of motion Cruciate and collateral ligament tear:. Physical examination—range of motion Plexion contracture (20 or ≤ degrees) Plexion contracture (20 or ≤ degrees) D Plexion contracture (20 or ≤ degrees)	Meniscectomy, medial or lateral:	uve change.	
Physical examination—range of motion Collateral ligament tear with laxity: Physical examination—range of motion Physical examination—range of motion Cruciate and collateral ligament tear: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Cruciate ligament tear with laxity: Bange of motion: flexion <60 degrees Bange of motion: flexion <60 degrees Bange of motion: flexion <60 degrees Belxion contracture (20 or ≤ degrees) D Flexion contracture (20 or ≤ degrees) D		Range of motion; flexion <60 degrees	D
Collateral ligament tear with laxity: Physical examination—range of motion Physical examination—range of motion Cruciate and collateral ligament tear: Physical examination—range of motion Physical examination—range of motion Cruciate ligament tear with laxity: Flexion contracture (20 or ≤ degrees) D Range of motion: flexion <60 degrees D Flexion contracture (20 or ≤ degrees) D	Physical examination—range of motion		
Physical examination—range of motion Cruciate and collateral ligament tear:. Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Cruciate ligament tear with laxity: Range of motion: flexion <60 degrees D Range of motion: flexion <60 degrees D Flexion contracture (20 or ≤ degrees) D Cruciate ligament tear with laxity:			-
Physical examination—range of motion Cruciate and collateral ligament tear:. Physical examination—range of motion Physical examination—range of motion Cruciate ligament tear with laxity: Plexion contracture (20 or ≤ degrees) D Range of motion: flexion <60 degrees Flexion contracture (20 or ≤ degrees) D Flexion contracture (20 or ≤ degrees) D Cruciate ligament tear with laxity:		Range of motion: flexion >60 dograps	l n
Cruciate and collateral ligament tear:. Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Cruciate ligament tear with laxity: Cruciate ligament tear with laxity:			
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Cruciate ligament tear with laxity: D		riexion contracture (20 or 5 degrees)	U
Physical examination—range of motion Plexion contracture (20 or ≤ degrees) D Cruciate ligament tear with laxity:		Barrier of marking flows	5
Cruciate ligament tear with laxity:			_
		Flexion contracture (20 or ≤ degrees)	ט
Physical examination—range of motion Range of motion: flexion <60 degrees D			
	Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion Flexion contracture (20 or ≤ degrees) D	Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	l D

Intercondylar fracture: Post fracture angulation Physical examination—ange of motion Physical examinat	Pt. 220, App. 3	20 CFR Ch. II (4-1-10 Edition	
Post fracture angulation Physical examination—range of motion Physical examination Physical examination Physical examination Physical examination—range of motion Physical examination—range of mot	Disability test	Test result	Disability classification
Post fracture angulation — Physical examination—range of motion Physical examination — Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination — Physical examination	Intercondylar fracture:		
Physical examination—range of motion Physical ex	Post fracture angulation	≤20 degrees angulation	D
Physical examination—range of motion Physical ex			D
Osteonryellis, chronic knee: Physical examination—range of motion Physical examination—range of motion Physical examination Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination Phys		Flexion contracture (20 or ≤ degrees)	D
Physical examination—range of motion Physical examination or Manage of motion Physical examination—range of motion Physical examination—with displacement. Physical examination—with displacement. Physical examination—range of motion Physical examination—with displacement. Physical examination—ange of motion Physical examina	Osteomyelitis, chronic knee:	` ,	
Physical examination—range of motion Physical examination — Search (1997) Physical examination — Search (1997) Physical examination—range of motion Physic		Range of motion: flexion <60 degrees	D
Physical examination			
Physical examination — Frequent episodes of infection requiring D treatment. X-ray knee — O-1 mm cartilage interval with degenerative change. Osteonacrosis: — Ange of motion Physical examination—range of motion Physical examinatio			
Frequent episodes of infection requiring D treatment. O-1 mm cartilage interval with degenerative change.			
treatment. Osteonecrosis: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination. National physical examination—range of motion Physical examination—rang			
Osteonecrosis: Physical examination—range of motion Physical examination—range of mo	modical rocord roman imminimum		
Osteonerorosis: Physical examination—range of motion Physical examination—range of motion Physical examination—ange of motion Physical examination Physical examination Physical examination—range of motion Physical examination—ange of motion Physical examination—ange of motion Physical examination—range of	X-ray knee	0-1 mm cartilage interval with degenera-	D
Physical examination—range of motion Physical examination—range of motion Physical examination—ange of motion Physical examination — Ange of motion Physical examination — Ange of motion Physical examination—range of motion Physical examination—ange of motion Physical examination—ange of motion Physical examination—ange of motion Physical examination—ange of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—ange of motion Physical exami	Ostasassasia	tive change.	
Physical examination—range of motion Physical examination—which are completed in the physical examination—seed of motion Physical examination—range of motion		Donne of mation floring 00 donne	6
Physical examination			
Physical examination			
D-1 mm cartilage interval with degenerative change. D			
Patellofemoral arthritis: Physical examination—range of motion Physical examination—range of motion Physical examination Physical examination X-ray knee: patello femoral joint Characture: Physical examination—range of motion Physi	Physical examination	Varus deformity, 8–12 degrees	D
Patelloremoral arthritis: Physical examination—range of motion Physical examination—range of motion Physical examination—and of motion Physical examination — was a contracture (20 or s degrees) — D Patellar fracture nonunion with displacement: Physical examination—range of motion Physical examination—range	X-ray knee	0-1 mm cartilage interval with degenera-	D
Physical examination—range of motion Physical examination—ange of motion Physical examination — Physical examination—ange of motion Physical examination—		tive change.	
Physical examination—range of motion Physical examination—with displacement: Patellar fracture nonunion with displacement: Physical examination—range of motion Physical examination—range of motio	Patellofemoral arthritis:		
Physical examination—range of motion Physical examination—with displacement: Patellar fracture nonunion with displacement: Physical examination—range of motion Physical examination—range of motio	Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination			D
Physical examination			
Patellar fracture nonunion with displacement: Physical examination—range of motion Physical examination—range of motion N-ray knee			
Patellar fracture nonunion with displacement: Physical examination—range of motion P			
ment: Physical examination—range of motion Physical examination—range of motion N-ray knee Plateau fracture: Post fracture angulation Physical examination—range of motion Physical examination—ran			
Physical examination—range of motion Physical e			
Physical examination—range of motion X-ray knee			_
Nonunion and ≤3 mm displacement D			
Plateau fracture: Post fracture angulation — Physical examination—range of motion Ph			
Post fracture angulation	X-ray knee	Nonunion and ≤3 mm displacement	D
Physical examination—range of motion Physical e	Plateau fracture:		
Physical examination—range of motion Physical e	Post fracture angulation	≤20 degrees angulation	D
Physical examination—range of motion Physical e			D
Patellectomy: Physical examination—range of motion Physical examination—range of mot			
Physical examination—range of motion Patellar, subluxation, recurrent: Physical examination—range of motion Physical exam		Troxion contractare (20 or 2 degrees)	
Physical examination—range of motion Patellar, subluxation, recurrent: Physical examination—range of motion Post fracture angulation Arthritis knee: Physical examination—range of motion Physical		Pango of motion: florion <60 dograps	D
Patellar, subluxation, recurrent: Physical examination—range of motion Physical examination—range of motion Supracondylar fracture: Post fracture angulation Physical examination—range of motion Post fracture angulation Physical examination—range of motion Physical exam			
Physical examination—range of motion Post fracture angulation Physical examination—range of motion Physical examination—r		Flexion contracture (20 or 5 degrees)	ט
Physical examination—range of motion Supracondylar fracture: Post fracture angulation			_
Supracondylar fracture: Post fracture angulation Physical examination—range of motion Post fracture angulation Post fracture: BODY PART: KNEE JOB TITLE: SIGNALMAN Arthritis knee: Physical examination—range of motion Physical examination Post fracture: Post fracture (20 or ≤ degrees) Post fracture (20 or ≤			
Post fracture angulation		Flexion contracture (20 or ≤ degrees)	D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Post fracture angulation Post flexion contracture (20 or ≤ degrees) Double angulation Post flexion contracture (20 or ≤ degrees) Double angulation Post flexion contracture (20 or ≤ degrees) Double angulation Post flexion contracture (20 or ≤ degrees) Double angulation Post flexion contracture (20 or ≤ degrees) Double angulation Post flexion contracture (20 or ≤ degrees) Double angulation Post flexion contracture (20 or ≤ degrees) Double angulation Post flexion contracture (20 or ≤ degrees) Double angulation Post flexion contracture (20 or ≤ degrees) Double angulation Post flexion contracture (20 or ≤ degrees) Double angulation Post flexion contracture (20 or ≤ de	Supracondylar fracture:		
Physical examination—range of motion Tibial shaft fracture: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Post fracture angulation Physical examination—range of motion	Post fracture angulation	≤20 degrees angulation	D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Post fracture angulation Arthritis knee: Physical examination—range of motion Collateral ligament tear with laxity: Physical examination—range of motion Phys		Range of motion: flexion <60 degrees	D
Tibial shaft fracture: Physical examination—range of motion Post fracture angulation Physical examination—range of motion			
Physical examination—range of motion Collateral ligament tear with laxity: Physical examination—range of motion Physical			-
Physical examination—range of motion Collateral ligament tear with laxity: Physical examination—range of motion Physical		Bange of motion: flexion <60 degrees	D
BODY PART: KNEE JOB TITLE: SIGNALMAN Arthritis knee: Physical examination—range of motion Physical examination—range of motion Physical examination Physic			
BODY PART: KNEE JOB TITLE: SIGNALMAN Arthritis knee: Physical examination—range of motion Physical examination—range of motion Physical examination			
Arthritis knee: Physical examination—range of motion Physical examination—range of motion: Physical examination—range of motion: Physical examination—range of motion: Physical examination—range of motion: Physical examination—range of motion Physical examination—range	Post fracture angulation	S20 degrees malalignment	D
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—mange of motion Physical examination—range of motion Physical e			
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—mange of motion Physical examination—range of motion Physical e			
Physical examination—range of motion Physical examination Physical examination Physical examination Physical examination Physical examination Physical examination—range of motion Physical examination—range of motion Collateral ligament tear with laxity: Physical examination—range of motion Cruciate and collateral ligament tear: Physical examination—range of motion Physical exam			
Physical examination			
Physical examination	Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Physical examination	Physical examination	Valgus deformity, 16-20 degrees	D
X-ray knee			D
Meniscectomy, medial or lateral: Physical examination—range of motion Physical examination—range of motion Collateral ligament tear with laxity: Physical examination—range of motion Physical examination—range of motion Cruciate and collateral ligament tear: Physical examination—range of motion Physical examination—range of motion Cruciate ligament tear with laxity: Physical examination—range of motion		0-1 mm cartilage interval with degenera-	D
Physical examination—range of motion Physical examination—range of motion Collateral ligament tear with laxity: Physical examination—range of motion Cruciate ligament tear with laxity: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Intercondylar fracture: Range of motion: flexion <60 degrees D Flexion contracture (20 or ≤ degrees) D Range of motion: flexion <60 degrees D Flexion contracture (20 or ≤ degrees) D Flexion contracture (20 or ≤ degrees) D Flexion contracture (20 or ≤ degrees) D	Meniscectomy medial or lateral:	uvo change.	
Physical examination—range of motion Collateral ligament tear with laxity: Physical examination—range of motion Physical examination—range of motion Cruciate and collateral ligament tear: Physical examination—range of motion Physical examination—range of motion Cruciate ligament tear with laxity: Physical examination—range of motion Physical		Range of motion: flexion -60 degrees	l n
Collateral ligament tear with laxity: Physical examination—range of motion Physical examination—range of motion Cruciate and collateral ligament tear: Physical examination—range of motion Physical examination—range of motion Cruciate ligament tear with laxity: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Intercondylar fracture: Range of motion: flexion <60 degrees Plexion contracture (20 or ≤ degrees) Bange of motion: flexion <60 degrees Physical examination—range of motion Physical examination—range of motion Intercondylar fracture:			
Physical examination—range of motion Physical examination—range of motion Cruciate and collateral ligament tear: Physical examination—range of motion Physical examination—range of motion Cruciate ligament tear with laxity: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Intercondylar fracture: Range of motion: flexion <60 degrees Physical examination—range of motion Physical examination—range of motion Intercondylar fracture:		TIENIOTI CONTRACTURE (20 OF ≤ degrees)	<i>D</i>
Physical examination—range of motion Cruciate and collateral ligament tear: Physical examination—range of motion Physical examination—range of motion Cruciate ligament tear with laxity: Physical examination—range of motion			
Cruciate and collateral ligament tear: Physical examination—range of motion Physical examination—range of motion Cruciate ligament tear with laxity: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Intercondylar fracture: Range of motion: flexion <60 degrees Bange of motion: flexion <60 degrees Flexion contracture (20 or ≤ degrees) D Flexion contracture (20 or ≤ degrees) D Flexion contracture (20 or ≤ degrees)			
Physical examination—range of motion Physical examination—range of motion Cruciate ligament tear with laxity: Physical examination—range of motion Physical examination—range of motion Intercondylar fracture: Physical examination—range of motion Physical examination—range of motion Intercondylar fracture: Range of motion: flexion <60 degrees D Range of motion: flexion <60 degrees D Flexion contracture (20 or ≤ degrees) D Flexion contracture (20 or ≤ degrees) D	Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Physical examination—range of motion Physical examination—range of motion Cruciate ligament tear with laxity: Physical examination—range of motion Physical examination—range of motion Intercondylar fracture: Physical examination—range of motion Physical examination—range of motion Intercondylar fracture: Range of motion: flexion <60 degrees D Range of motion: flexion <60 degrees D Flexion contracture (20 or ≤ degrees) D Flexion contracture (20 or ≤ degrees) D	Cruciate and collateral ligament tear:	1	
Physical examination—range of motion Cruciate ligament tear with laxity: Physical examination—range of motion		Range of motion: flexion <60 degrees	D
Cruciate ligament tear with laxity: Physical examination—range of motion Physical examination—range of motion Intercondylar fracture: Range of motion: flexion <60 degrees Plexion contracture (20 or ≤ degrees) D	Physical examination—range of motion		
Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Intercondylar fracture: Range of motion: flexion <60 degrees D D		1 10x1011 001111001016 (20 01 2 0091665)	5
Physical examination—range of motion Flexion contracture (20 or ≤ degrees) D Intercondylar fracture:		Donne of motion, floring CO desired	D
Intercondylar fracture:			
		Flexion contracture (20 or ≤ degrees)	ט
Post fracture angulation ≤20 degrees angulation D			
	Post fracture angulation	≤20 degrees angulation	l D

Disability test	Test result	Disability classification
Physical examination—range of motion Physical examination—range of motion	Range of motion: flexion <60 degrees Flexion contracture (20 or ≤ degrees)	D D
Osteomyelitis, chronic knee:	` ,	
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Physical examination	Valgus deformity, 16–20 degrees	D
Physical examination	Varus deformity, 8–12 degrees	D
Medical record review	Frequent episodes of infection requiring treatment.	D
X-ray knee	0-1 mm cartilage interval with degenerative change.	D
Osteonecrosis:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Physical examination	Valgus deformity, 16-20 degrees	D
Physical examination	Varus deformity, 8–12 degrees	D
X-ray knee	0-1 mm cartilage interval with degenerative change.	D
Patellofemoral arthritis:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Physical examination	Valgus deformity, 16–20 degrees	D
Physical examination	Varus deformity, 8-12 degrees	D
X-ray knee: patello femoral joint	0 mm cartilage interval with degenerative	D
Patellar fracture nonunion with displace-	change.	
ment:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
X-ray knee	Nonunion and ≤3 mm displacement	D
Plateau fracture:	,	
Post fracture angulation	≤20 degrees angulation	D
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Patellectomy:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Patellar, subluxation, recurrent:	Barrer of modification (00 decimal)	5
Physical examination—range of motion	Range of motion: flexion <60 degrees	D D
Physical examination—range of motion Supracondylar fracture:	Flexion contracture (20 or ≤ degrees)	В
Post fracture angulation	≤20 degrees angulation	D
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Tibial shaft fracture:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Post fracture angulation	≤20 degrees malalignment	D
	BODY PART: KNEE JOB TITLE: TRACKMAN	
Arthritis knee:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Physical examination	Valgus deformity, 16-20 degrees	D
Physical examination	Varus deformity, 8-12 degrees	D
X-ray knee	0-1 mm cartilage interval with degenera-	D
Meniscectomy, medial or lateral:	tive change.	
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	
Collateral ligament tear with laxity:	·	
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Cruciate and collateral ligament tear:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Cruciate ligament tear with laxity:		_
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Intercondylar fracture:	coo degree angulation	D
Post fracture angulation	Section 20 degree angulation	D
Physical examination—range of motion	nange of motion: liexion <60 degrees	טו

Disability test	Test result	Disability classification
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Osteomyelitis, chronic knee: Physical examination—range of motion	Banga of motion: flavion -60 degrees	D
Physical examination—range of motion	Range of motion: flexion <60 degrees Flexion contracture (20 or ≤ degrees)	D
Physical examination	Valgus deformity, 16–20 degrees	D
Physical examination	Varus deformity, 8–12 degrees	D
Medical record review	Frequent episodes of infection requiring	D
	treatment.	
X-ray knee	0–1 mm cartilage interval with degenerative change.	D
Osteonecrosis:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Physical examination	Valgus deformity, 16–20 degrees	D
Physical examination	Varus deformity, 8–12 degrees	D
X-ray knee	0-1 mm cartilage interval with degenera-	D
Patellofemoral arthritis:	tive change.	
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Physical examination	Valgus deformity, 16–20 degrees	D
Physical examination	Varus deformity, 8–12 degrees	D
X-ray knee: patello femoral joint	0 mm cartilage interval with degenerative	D
Patellar fracture nonunion with displace-	change.	
ment:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
X-ray knee	Nonunion and ≤3 mm displacement	D
Plateau fracture:	· ·	
Post fracture angulation	≤20 degrees angulation	D
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Patellectomy:	, , ,	
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Patellar, subluxation, recurrent:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Supracondylar fracture:		
Post fracture angulation	≤20 degrees angulation	D
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Fibial shaft fracture:	Barrer of motion floring 00 days	D
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion Post fracture angulation	Flexion contracture (20 or ≤ degrees) ≤20 degrees malalignment	D
1 Ost fracture arigulation	==== degrees maiangriment	В
	BODY PART: KNEE JOB TITLE: MACHINIST	
Arthritis knee:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Physical examination	Valgus deformity, 16-20 degrees	D
Physical examination	Varus deformity, 8–12 degrees	D
X-ray knee	0-1 mm cartilage interval with degenerative change.	D
Meniscectomy, medial or lateral:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Collateral ligament tear with laxity:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Cruciate and collateral ligament tear:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Cruciate ligament tear with laxity:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
ntercondylar fracture:	l	
Post fracture angulation	≤20 degrees angulation	D
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	טו

Disability test	Test result	Disability classification
Osteomyelitis, chronic knee:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Physical examination	Valgus deformity, 16-20 degrees	D
Physical examination	Varus deformity, 8-12 degrees	D
Medical record review	Frequent episodes of infection requiring treatment.	D
X-ray knee	0-1 mm cartilage interval with degenerative change.	D
Osteonecrosis:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Physical examination	Valgus deformity, 16-20 degrees	D
Physical examination	Varus deformity, 8-12 degrees	D
X-ray knee	0-1 mm cartilage interval with degenerative change.	D
Patellofemoral arthritis:	ľ	
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Physical examination	Valgus deformity, 16-20 degrees	D
Physical examination	Varus deformity, 8-12 degrees	D
X-ray knee	0 mm cartilage interval with degenerative change.	D
Patellar fracture nonunion with displace-		
ment:		_
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
X-ray knee	Nonunion and ≤3 mm displacement	D
Plateau fracture:		
Post fracture angulation	≤20 degrees angulation	D
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Patellectomy:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Patellar, subluxation, recurrent:		l _
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Supracondylar fracture:		_
Post fracture angulation	≤20 degrees angulation	D
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Tibial shaft fracture:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Post fracture angulation	≤20 degrees malalignment	D
	BODY PART: KNEE	

Arthritis knee: Physical examination—range of motion Physical examination—range of motion Physical examination Physical examination X-ray knee	Range of motion: flexion <60 degrees Flexion contracture (20 or ≤ degrees) Valgus deformity, 16–20 degrees Varus deformity, 8–12 degrees 0–1 mm cartilage interval with degenerative change.	D D D D
Meniscectomy, medial or lateral:		
Physical examination—range of motion Physical examination—range of motion	Range of motion: flexion <60 degrees Flexion contracture (20 or ≤ degrees)	D D
Collateral ligament tear with laxity:	Barrer of motion floring 00 days	_
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Cruciate and collateral ligament tear: Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Cruciate ligament tear with laxity:	Tiexion contracture (20 or 3 degrees)	
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Intercondylar fracture:		-
Post fracture angulation	≤20 degrees angulation	D
Physical examination—range of motion	Range of motion: flexion <60 degrees	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees)	D
Osteomyelitis, chronic knee:		
Physical examination—range of motion	Range of motion: flexion <60 degrees	D

20 CFR Ch. II (4-1-10 Edition)

Pt. 220, App. 3

Disability test	Test result	Disability classification
Physical examination—range of motion Physical examination Physical examination Medical record review X-ray knee	Flexion contracture (20 or ≤ degrees) Valgus deformity, 16–20 degrees Varus deformity, 8–12 degrees Frequent episodes of infection requiring treatment. 0–1 mm cartilage interval with degenera-	D D D D
X Tay MICC	tive change.	
Osteonecrosis: Physical examination—range of motion Physical examination—range of motion Physical examination Physical examination X-ray knee	Range of motion: flexion <60 degrees Flexion contracture (20 or ≤ degrees) Valgus deformity, 16–20 degrees Varus deformity, 8–12 degrees 0–1 mm cartilage interval with degenerative change.	D D D D
Patellofemoral arthritis: Physical examination—range of motion Physical examination—range of motion Physical examination Physical examination X-ray knee: patellofemoral joint	Range of motion: flexion <60 degrees Flexion contracture (20 or ≤ degrees) Valgus deformity, 16–20 degrees Varus deformity, 8–12 degrees 0 mm cartilage interval with degenerative change.	D D D D
Patellar fracture nonunion with displace-		
ment: Physical examination—range of motion Physical examination—range of motion X-ray knee	Range of motion: flexion <60 degrees Flexion contracture (20 or ≤ degrees) Nonunion and ≤3 mm displacement	D D D
Post fracture angulation	≤20 degrees angulation	D D D
Physical examination—range of motion Physical examination—range of motion Patellar, subluxation, recurrent:	Range of motion: flexion <60 degrees Flexion contracture (20 or ≤ degrees)	D D
Physical examination—range of motion Physical examination—range of motion Supracondylar fracture:	Range of motion: flexion <60 degrees Flexion contracture (20 or ≤ degrees)	D D
Post fracture angulation	≤20 degrees angulation	D D D
Physical examination—range of motion Physical examination—range of motion Post fracture angulation	Range of motion: flexion <60 degrees Flexion contracture (20 or ≤ degrees) ≤20 degrees malalignment	D D D

K. Ankle and Foot

Confirmatory test	Minimum result	Requirements	
BODY PART: ANKLE AND FOOT CONFIRMATORY TESTS			
Ankle fracture:			
Medical record review	Documented history of ankle fracture	Recommended.	
X-ray: ankle	Ankle fracture	Highly recommended.	
Ankylosis, ankle:			
X-ray: ankle	Extensive joint destruction	Highly recommended.	
Physical examination	No mobility	Highly recommended.	
Arthritis, subtalar joint:			
X-ray: ankle	Evidence of significant arthritis: subtalar joint.	Highly recommended.	
Arthritis, talonavicular joint:	,		
X-ray: ankle	Significant arthritis: talonavicular joint	Highly recommended.	
Achilles tendon rupture:			
Medical record review	Documentation of achilles tendon rupture	Highly recommended.	
Physical examination	Rupture of achilles tendon	Highly recommended.	
Arthritis, ankle:			
X-ray: ankle	Significant arthritis	Highly recommended.	
Hindfoot fracture:			
X-ray: foot and ankle	Documentation of fracture	Highly recommended.	
Rheumatoid arthritis, foot:			
Medical History	Documented history of condition	Highly recommended.	
X-ray: foot	Significant arthritis	Highly recommended.	

Disability test	Test result	Disability classification	
BODY PART: ANKLE AND FOOT JOB TITLE: TRAINMAN			
Ankle fracture:			
X-ray: ankle	Displaced intra-articular fracture	D	
Physical examination	Varus deformity ≤15 degrees	D	
Physical examination—range of motion	Plantar flexion capability <5 degrees	D	
Physical examination—range of motion	Plantar flexion contracture 20 degrees	D	
Ankylosis, ankle:	Trantar hexion contracture 20 degrees		
Physical examination—range of motion	Ankylosis in 20 degree or ≤ dorsiflexion	D	
		D	
Physical examination—range of motion	Ankylosis in 20 degree plantar flexion		
Physical examination—range of motion	Ankylosis in int or ext malrotation ≤15 degrees.	D	
Physical examination—range of motion	Ankylosis in varus 10 or more degrees	D	
Physical examination—range of motion	Ankylosis in valgus 10 or more degrees	D	
Arthritis, subtalar joint (hindfoot):			
X-ray: ankle—subtalar joint	Subtalar joint space 0 mm	D	
Physical examination—range of motion	Plantar flexion capability <5 degrees	D	
Physical examination—range of motion	Plantar flexion contracture 20 degrees	D	
Physical examination	Varus deformity ≤15 degrees	D	
Arthritis, talonavicular joint (hindfoot):		_	
	Plantar flexion capability <5 degrees	D	
Physical examination—range of motion		D	
Physical examination—range of motion	Plantar flexion contracture 20 degrees		
X-ray: ankle—talonavicular joint	Talonavicular joint space 0 mm	D	
Physical examination	Varus deformity ≤15 degrees	D	
Achilles tendon rupture:			
Physical examination—range of motion	Plantar flexion capability, <5 degrees	D	
Physical examination—range of motion	Plantar flexion contracture, 20 degrees	D	
Arthritis, ankle:			
X-ray: ankle	0 mm	D	
Physical examination—range of motion	Plantar flexion capability, <5 degrees	D	
		D	
Physical examination—range of motion	Plantar flexion contracture, 20 degrees		
Physical examination	Varus deformity ≤15 degrees	D	
Hindfoot fracture:			
X-ray: foot	Calcaneal fracture with Boehler angle <95	D	
	degrees.		
X-ray: foot	Subtalar fracture with Boehler angle <95	D	
•	degrees.		
Physical examination	Varus angulation ≤20 degrees (hindfoot)	D	
Physical examination	Valgus angulation ≤20 degrees (hindfoot)	D	
Rheumatoid arthritis, foot:	Talgue alligulation =20 degrees (limitalest) !!		
X-ray: foot	Significant degeneration	D	
		D	
Medical record review	Chronic flare-up with treatment	D	
	BODY PART: ANKLE AND FOOT JOB TITLE: ENGINEER		
Ankle fracture:			
X-ray: ankle	Displaced intra-articular fracture	D	
Physical examination	Varus deformity ≤15 degrees	D	
		D	
Physical examination—range of motion	Plantar flexion capability <5 degrees		
Physical examination—range of motion	Plantar flexion contracture 20 degrees	D	
Ankylosis, ankle:			
Physical examination—range of motion	Ankylosis in 20 degree or ≤ dorsiflexion	D	
Physical examination—range of motion	Ankylosis in 20 degree plantar flexion	D	
Physical examination—range of motion	Ankylosis in int or ext malrotation ≤15 degrees.	D	
Physical examination—range of motion	Ankylosis in varus 10 or more degrees	D	
Physical examination—range of motion	Ankylosis in valgus 10 or more degrees	D	
	Alikylosis ili valgus 10 oli lilole deglees	D	
Arthritis, subtalar joint (hindfoot):	Outstalen isint sous C	5	
X-ray: ankle—subtalar joint	Subtalar joint space 0 mm	D	
Physical examination—range of motion	Plantar flexion capability <5 degrees	D	
Physical examination—range of motion	Plantar flexion contracture 20 degrees	D	
Physical examination	Varus deformity ≤15 degrees	D	
Arthritis, talonavicular joint (hindfoot):	1		
Physical examination—range of motion	Plantar flexion capability <5 degrees	D	
	Plantar flexion contracture 20 degrees	D	
Physical examination—range of motion			
X-ray ankle—talonavicular joint	Talonavicular joint space 0 mm	D	
Physical examination	Varus deformity ≤15 degrees	D	
Achilles tendon rupture:			
Physical examination—range of motion	Plantar flexion capability <5 degrees	D	
Physical examination—range of motion	Plantar flexion contracture 20 degrees	D	
Arthritis, ankle:			
X-ray: ankle	0 mm	D	
,			

Disability test	Test result	Disability classification
		-
Physical examination—range of motion	Plantar flexion capability <5 degrees	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees	D
Physical examination	Varus deformity ≤15 degrees	D
Hindfoot fracture: X-ray: foot	Calcaneal fracture with Boehler angle <95	D
7. ray. 1000	degrees.	
X-ray: foot	Subtalar fracture with Boehler angle <95	D
	degrees.	
Physical examination	Varus angulation ≤20 degrees (hindfoot)	D
Physical examination	Valgus angulation ≤20 degrees (hindfoot)	D
Rheumatoid arthritis, foot:		
X-ray: foot	Significant degeneration	D
Medical record review	Chronic flare-up with treatment	D
	BODY PART: ANKLE AND FOOT JOB TITLE: DISPATCHER	
Achilles tendon rupture:		
Physical examination—range of motion	Plantar flexion capability <5 degrees	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees	D
Arthritis, ankle:		
X-ray: ankle	0 mm	D
Physical examination—range of motion	Plantar flexion capability <5 degrees	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees	D
Physical examination	Varus deformity ≤15 degrees	D
Hindfoot fracture:	,,	
X-ray: foot	Calcaneal fracture with Boehler angle <95	D
X-ray: foot	degrees. Subtalar fracture with Boehler angle <95	D
	degrees.	
Physical examination	Varus angulation ≤20 degrees (hindfoot)	D
Physical examination	Valgus angulation ≤20 degrees (hindfoot)	D
Rheumatoid arthritis, foot:		
X-ray: foot	Significant degeneration	D
Medical record review	Chronic flare-up with treatment	D
	BODY PART: ANKLE AND FOOT JOB TITLE: CARMAN	
Ankle fracture:		
X-ray: ankle	Displaced intra-articular fracture	D
Physical examination	Varus deformity ≤15 degrees	D
Physical examination—range of motion	Plantar flexion capability <5 degrees	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees	D
Ankylosis, ankle:	aa. noxion contracture 20 degrees	=
Physical examination—range of motion	Ankylosis in 20 degree or ≤ dorisiflexion	D
Physical examination—range of motion	Ankylosis in 20 degree plantar flexion	D
Physical examination—range of motion	Ankylois in int or ext malrotation ≤15 de-	D
, 2.22. 2.2	grees.	
Physical examination—range of motion	Ankylosis in varus 10 or more degrees	D
Physical examination—range of motion	Ankylosis in valgus 10 or more degrees	D
Arthritis, subtalar joint (hindfoot):	, , , , , , , , , , , , , , , , , , , ,	
X-ray: ankle—subtalar joint	Subtalar joint space 0 mm	D
Physical examination—range of motion		
Physical examination—range of motion	Plantar flexion capability <5 degrees	D
, ordar ordariin adorr Turigo or Mollott	Plantar flexion capability <5 degrees	
Physical examination	Plantar flexion contracture 20 degrees	D
Physical examination		
Arthritis, talonavicular joint (hindfoot):	Plantar flexion contracture 20 degrees Varus deformity ≤15 degrees	D
Arthritis, talonavicular joint (hindfoot): Physical examination—range of motion	Plantar flexion contracture 20 degrees Varus deformity ≤15 degrees Plantar flexion capability <5 degrees	D D
Arthritis, talonavicular joint (hindfoot): Physical examination—range of motion Physical examination—range of motion	Plantar flexion contracture 20 degrees Varus deformity ≤15 degrees Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees	D D
Arthritis, talonavicular joint (hindfoot): Physical examination—range of motion Physical examination—range of motion X-ray: ankle—talonavicular joint	Plantar flexion contracture 20 degrees Varus deformity ≤15 degrees Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees Talonavicular joint space 0 mm	D D D
Arthritis, talonavicular joint (hindfoot): Physical examination—range of motion Physical examination—range of motion X-ray: ankle—talonavicular joint Physical examination	Plantar flexion contracture 20 degrees Varus deformity ≤15 degrees Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees	D D D D
Arthritis, talonavicular joint (hindfoot): Physical examination—range of motion Physical examination—range of motion X-ray: ankle—talonavicular joint Physical examination Achilles tendon rupture:	Plantar flexion contracture 20 degrees Varus deformity ≤15 degrees Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees Talonavicular joint space 0 mm Varus deformity ≤15 degrees	D D D D
Arthritis, talonavicular joint (hindfoot): Physical examination—range of motion Physical examination—range of motion X-ray: ankle—talonavicular joint Physical examination Achilles tendon rupture: Physical examination—range of motion	Plantar flexion contracture 20 degrees Varus deformity ≤15 degrees Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees Talonavicular joint space 0 mm Varus deformity ≤15 degrees Plantar flexion capability <5 degrees	D D D D D D D D D D D D D D D D D D D
Arthritis, talonavicular joint (hindfoot): Physical examination—range of motion Physical examination—range of motion X-ray: ankle—talonavicular joint Physical examination Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion	Plantar flexion contracture 20 degrees Varus deformity ≤15 degrees Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees Talonavicular joint space 0 mm Varus deformity ≤15 degrees	D D D D D D D
Arthritis, talonavicular joint (hindfoot): Physical examination—range of motion Physical examination—range of motion X-ray: ankle—talonavicular joint Physical examination Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion Arthritis, ankle:	Plantar flexion contracture 20 degrees	D D D D D D D
Arthritis, talonavicular joint (hindfoot): Physical examination—range of motion Physical examination—range of motion X-ray: ankle—talonavicular joint Physical examination Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion X-ray: ankle: X-ray: ankle	Plantar flexion contracture 20 degrees	D D D D D D D
Arthritis, talonavicular joint (hindfoot): Physical examination—range of motion Physical examination—range of motion X-ray: ankle—talonavicular joint Physical examination Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion Arthritis, ankle: X-ray: ankle Physical examination—range of motion	Plantar flexion contracture 20 degrees	D D D D D D D D
Arthritis, talonavicular joint (hindfoot): Physical examination—range of motion Physical examination—range of motion X-ray: ankle—talonavicular joint Physical examination Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion Arthritis, ankle: X-ray: ankle Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion	Plantar flexion contracture 20 degrees	D D D D D D D D D D D D D D D D D D D
Arthritis, talonavicular joint (hindfoot): Physical examination—range of motion Physical examination—range of motion X-ray: ankle—talonavicular joint Physical examination Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion Arthritis, ankle: X-ray: ankle Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion	Plantar flexion contracture 20 degrees	D D D D D D D D D D D D D D D D D D D
Arthritis, talonavicular joint (hindfoot): Physical examination—range of motion Physical examination—range of motion X-ray: ankle—talonavicular joint Physical examination Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion Arthritis, ankle: X-ray: ankle Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion	Plantar flexion contracture 20 degrees	D D D D D D D D D D D D D D D D D D D
Arthritis, talonavicular joint (hindfoot): Physical examination—range of motion Physical examination—range of motion X-ray: ankle—talonavicular joint Physical examination Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Arthritis, ankle: X-ray: ankle Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination Hindfoot fracture: X-ray: foot	Plantar flexion contracture 20 degrees Varus deformity ≤15 degrees Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees Plantar flexion contracture 20 degrees Varus deformity ≤15 degrees Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees 0 mm Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees Varus deformity ≤15 degrees Varus deformity ≤15 degrees	D D D D D D D D D D D D D D D D D D D
Arthritis, talonavicular joint (hindfoot): Physical examination—range of motion Physical examination—range of motion X-ray: ankle—talonavicular joint Physical examination Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Arthritis, ankle: X-ray: ankle Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination—tange of motion Physical examination	Plantar flexion contracture 20 degrees	D D D D D D D D D D D D D D D D D D D

Disability of the	T "	Disability 1 27 2
Disability test	Test result	Disability classification
Physical examination	Varus angulation ≤20 degrees (hindfoot) Valgus angulation ≤20 degrees (hindfoot)	D D
Rheumatoid arthritis, foot:	valgus arigulation 520 degrees (mildioot)	5
X-ray: foot	Significant degeneration	D
Medical record review	Chronic flare—up with treatment	D
	BODY PART: ANKLE AND FOOT JOB TITLE: SIGNALMAN	
Ankle fracture:		
X-ray: ankle	Displaced intra-articular fracture	D
Physical examination	Varus deformity ≤15 degrees	D D
Physical examination—range of motion Physical examination—range of motion	Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees	D
Ankylosis, ankle:	riantal hexion contracture 20 degrees	5
Physical examination—range of motion	Ankylosis in 20 degree or ≤ dorsiflexion	D
Physical examination—range of motion	Ankylosis in 20 degree plantar flexion	D
Physical examination—range of motion	Ankylosis in int or ext malrotation ≤15 de-	D
Physical examination—range of motion	grees. Ankylosis in varus 10 or more degrees	D
Physical examination—range of motion	Ankylosis in valgus 10 or more degrees	D
Arthritis, subtalar joint (hindfoot):		
X-ray: ankle—subtalar joint	Subtalar joint space 0 mm	D
Physical examination—range of motion	Plantar flexion capability <5 degrees	D
Physical examination—range of motion Physical examination	Plantar flexion contracture 20 degrees Varus deformity ≤15 degrees	D D
Arthritis, talonavicular joint (hindfoot):	varus delottility >15 degrees	
Physical examination—range of motion	Plantar flexion capability <5 degrees	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees	D
X-ray: ankle—talonavicular joint	Talonavicular joint space 0 mm	D
Physical examination	Varus deformity ≤15 degrees	D
Achilles tendon rupture:	Disease floring constitute 5 decrees	
Physical examination—range of motion Physical examination—range of motion	Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees	D D
Arthritis, ankle:	Fiantal flexion contracture 20 degrees	6
X-ray: ankle	0 mm	D
Physical examination—range of motion	Plantar flexion capability <5 degrees	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees	D
Physical examination	Varus deformity ≤15 degrees	D
Hindfoot fracture: X-ray: foot	Calcaneal fracture with Boehler angle <95	D
··· ···	degrees.	
X-ray: foot	Subtalar fracture with Boehler angle <95	D
Dharias Lavania stica	degrees.	5
Physical examination Physical examination	Varus angulation ≤20 degrees (hindfoot) Valgus angulation ≤20 degrees (hindfoot)	D D
Rheumatoid arthritis, foot:	valgus arigulation \$20 degrees (mindioot)	6
X-ray: foot	Significant degeneration	D
Medical record review	Chronic flare-up with treatment	D
	BODY PART: ANKLE AND FOOT	
	JOB TITLE: TRACKMAN	
Ankle fracture: X-ray: ankle	Displaced intra-articular fracture	D
Physical examination—range of motion	Varus deformity ≤15 degrees	D
Physical examination—range of motion	Plantar flexion capability ≤5 degrees	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees	D
Ankylosis, ankle:		
Physical examination—range of motion	Ankylosis in 20 degree or ≤ dorsiflexion	D
Physical examination—range of motion	Ankylosis in 20 degree plantar flexion	D
Physical examination—range of motion	Ankylosis in int or ext malrotation ≤15 degrees.	D
Physical examination—range of motion	Ankylosis in varus 10 or more degrees	D
Physical examination—range of motion	Ankylosis in valgus 10 or more degrees	D
Arthritis, subtalar joint (hindfoot):		
X-ray: ankle—subtalar joint	Subtalar joint space 0 mm	D
Physical examination—range of motion	Plantar flexion capability <5 degrees	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees	D
Physical examination	Varus deformity ≤15 degrees	D
Physical examinationArthritis, talonavicular joint (hindfoot):	, ,	D
	Varus deformity ≤15 degrees Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees	

Disability test	Test result	Disability classification
Physical examination	Varus deformity ≤15 degrees	D
Achilles tendon rupture:	, ,	
Physical examination—range of motion Physical examination—range of motion	Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees	D D
Arthritis, ankle: X-ray: ankle	0 mm	D
Physical examination—range of motion	Plantar flexion capability <5 degrees	D
Physical examination	Varus deformity ≤15 degrees	D
Hindfoot fracture:		5
X-ray: foot	Calcaneal fracture with Boehler angle <95 degrees.	D
X-ray: foot	Subtalar fracture with Boehler angle <95 degrees.	D
Physical examination	Varus angulation ≤20 degrees (hindfoot)	D
Physical examination	Valgus angulation ≤20 degrees (hindfoot)	D
Rheumatoid arthritis, foot:	Circificant de seneration	D
X-ray: foot Medical record review	Significant degeneration	D D
	BODY PART: ANKLE AND FOOT	
	JOB TITLE: MACHINIST	T
Ankle fracture:	Displaced intro orticular for atoms	
X-ray: ankle Physical examination	Displaced intra-articular fracture Varus deformity ≤15 degrees	D D
Physical examination—range of motion	Plantar flexion capability <5 degrees	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees	D
Ankylosis, ankle:		
Physical examination—range of motion	Ankylosis in 20 degree or ≤ dorsiflexion	D
Physical examination—range of motion	Ankylosis in 20 degree plantar flexion	D
Physical examination—range of motion	Ankylosis in int or ext malrotation ≤15 degrees. Ankylosis in varus 10 or more degrees	D
Physical examination—range of motion Physical examination—range of motion	Ankylosis in valgus 10 or more degrees	D
Arthritis, subtalar joint (hindfoot):	Ankylosis in valgus 10 of more degrees	
X-ray: ankle—subtalar joint	Subtalar joint space 0 mm	D
Physical examination—range of motion	Plantar flexion capability <5 degrees	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees	D
Physical examination	Varus deformity ≤15 degrees	D
Arthritis, talonavicular joint (hindfoot): Physical examination—range of motion	Plantar flexion capability <5 degrees	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees	D
X-ray: ankle—talonavicular joint	Talonavicular joint space 0 mm	D
Physical examination	Varus deformity ≤15 degrees	D
Achilles tendon rupture:	5	5
Physical examination—range of motion Physical examination—range of motion	Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees	D D
Arthritis, ankle:	Tiantal hexion contracture 20 degrees	
X-ray: ankle	0 mm	D
Physical examination—range of motion	Plantar flexion capability <5 degrees	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees	D
Physical examination Hindfoot fracture:	Varus deformity ≤15 degrees	D
X-ray: foot	Calcaneal fracture with Boehler angle <95 degrees.	D
X-ray: foot	Subtalar fracture with Boehler angle <95 degrees.	D
Physical examination	Varus angulation ≤20 degrees (hindfoot)	D
Physical examination	Valgus angulation ≤20 degrees (hindfoot)	D
Rheumatoid arthritis, foot: X-ray: foot	Significant degeneration	D
Medical record review	Chronic flare-up with treatment	
	BODY PART: ANKLE AND FOOT	
	JOB TITLE: SHOP LABORER	T
Ankle fracture:	Disable and inter-entired ()	
X-ray: ankle Physical examination	Displaced intra-articular fracture Varus deformity ≤15 degrees	D D
Physical examination—range of motion	Plantar flexion capability <5 degrees	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees	D
Ankylosis, ankle:		
Physical examination—range of motion	Ankylosis in 20 degree or ≤ dorsiflexion	D
Physical examination—range of motion	Ankylosis in 20 degree plantar flexion	ı

Disability test	Test result	Disability classification
Physical examination—range of motion	Ankylosis in int or ext malrotation ≤15 de-	D
,	grees.	
Physical examination—range of motion	Ankylosis in varus 10 or more degrees	D
Physical examination—range of motion	Ankylosis in valgus 10 or more degrees	D
Arthritis, subtalar joint (hindfoot):		
X-ray: ankle—subtalar joint	Subtalar joint space 0 mm	D
Physical examination—range of motion	Plantar flexion capability <5 degrees	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees	D
Physical examination	Varus deformity ≤15 degrees	D
Arthritis, talonavicular joint (hindfoot):	,,	
Physical examination—range of motion	Plantar flexion capability <5 degrees	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees	D
X-ray: ankle—talonavicular joint	Talonavicular joint space 0 mm	D
Physical examination	Varus deformity ≤15 degrees	D
Achilles tendon rupture:	Valus delottinty 215 degrees	5
	Plantar florion canability of degrees	D
Physical examination—range of motion	Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees	ם
Physical examination—range of motion	rianiai nexion contracture 20 degrees	
Arthritis, ankle:	0	5
X-ray: ankle	0 mm	D
Physical examination—range of motion	Plantar flexion capability <5 degrees	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees	D
Physical examination	Varus deformity ≤15 degrees	D
Hindfoot fracture:		_
X-ray: foot	Calcaneal fracture with Boehler angle <95 degrees.	D
X-ray: foot	Subtalar fracture with Boehler angle <95	D
7 lay. 1001	degrees.	
Physical examination	Varus angulation ≤20 degrees (hindfoot)	D
Physical examination	Valgus angulation ≤20 degrees (hindfoot)	D
Rheumatoid arthritis, foot:		
X-ray: foot	Significant degeneration	D
	Observation file and construction to a state of the state	D
Medical record review	Chronic flare-up with treatment	
Medical record review Disability test	Test result	Disability classification
Disability test	Test result BODY PART: ANKLE AND FOOT	Disability classification
Disability test	Test result	Disability classification
Disability test J Achilles tendon rupture:	Test result BODY PART: ANKLE AND FOOT OB TITLE: SALES REPRESENTATIVES	
Disability test J Achilles tendon rupture: Physical examination—range of motion	Test result BODY PART: ANKLE AND FOOT OB TITLE: SALES REPRESENTATIVES Plantar flexion capability <5 degrees	D
Disability test J Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion	Test result BODY PART: ANKLE AND FOOT OB TITLE: SALES REPRESENTATIVES	
Disability test Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion Arthritis, ankle:	Test result BODY PART: ANKLE AND FOOT OB TITLE: SALES REPRESENTATIVES Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees	D D
Disability test J Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion Arthritis, ankle: X-ray: ankle	Test result BODY PART: ANKLE AND FOOT OB TITLE: SALES REPRESENTATIVES Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees 0 mm	D D
Disability test J Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion Arthrits, ankle: X-ray: ankle Physical examination—range of motion	Test result BODY PART: ANKLE AND FOOT OB TITLE: SALES REPRESENTATIVES Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees 0 mm	D D D D
Disability test J Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion Arthritis, ankle: X-ray: ankle	Test result BODY PART: ANKLE AND FOOT OB TITLE: SALES REPRESENTATIVES Plantar flexion capability <5 degrees 0 mm Plantar flexion capability <5 degrees Plantar flexion capability <5 degrees Plantar flexion capability <5 degrees	D D D D D
Disability test J Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion Arthrits, ankle: X-ray: ankle Physical examination—range of motion	Test result BODY PART: ANKLE AND FOOT OB TITLE: SALES REPRESENTATIVES Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees 0 mm	D D D D
Disability test J Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion Arthritis, ankle: X-ray: ankle Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination	Test result BODY PART: ANKLE AND FOOT OB TITLE: SALES REPRESENTATIVES Plantar flexion capability <5 degrees 0 mm Plantar flexion capability <5 degrees Plantar flexion capability <5 degrees Plantar flexion capability <5 degrees	D D D D D
Disability test J Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion Arthritis, ankle: X-ray: ankle Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination	Test result BODY PART: ANKLE AND FOOT OB TITLE: SALES REPRESENTATIVES Plantar flexion capability <5 degrees 0 mm Plantar flexion capability <5 degrees Plantar flexion capability <5 degrees Plantar flexion capability <5 degrees	D D D D D
Disability test J Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion Arthritis, ankle: X-ray: ankle: Physical examination—range of motion Physical examination—range of motion Physical examination—tange of motion Physical examination—tange of motion Physical examination—tange of motion Physical examination.	Test result BODY PART: ANKLE AND FOOT OB TITLE: SALES REPRESENTATIVES Plantar flexion capability <5 degrees 0 mm Plantar flexion capability <5 degrees Plantar flexion capability <5 degrees Plantar flexion capability <5 degrees Varus deformity ≤15 degrees	D D D D D
Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion Arthritis, ankle: X-ray: ankle Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination Hindfoot fracture: X-ray: foot	Test result BODY PART: ANKLE AND FOOT OB TITLE: SALES REPRESENTATIVES Plantar flexion capability <5 degrees 10 mm Plantar flexion contracture 20 degrees 11 plantar flexion capability <5 degrees 12 plantar flexion contracture 20 degrees 13 plantar flexion contracture 20 degrees Varus deformity ≤15 degrees Calcaneal fracture with Boehler angle <95 degrees.	D D D D D
Disability test J Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion Arthritis, ankle: X-ray: ankle: Physical examination—range of motion Physical examination—range of motion Physical examination—tange of motion Physical examination—tange of motion Physical examination—tange of motion Physical examination.	Test result BODY PART: ANKLE AND FOOT OB TITLE: SALES REPRESENTATIVES Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees 0 mm Plantar flexion capability <5 degrees Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees Varus deformity ≤15 degrees Calcaneal fracture with Boehler angle <95	D D D D D D D D
Disability test J Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion Arthritis, ankle: X-ray: ankle	Test result BODY PART: ANKLE AND FOOT OB TITLE: SALES REPRESENTATIVES Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees 0 mm Plantar flexion capability <5 degrees Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees Varus deformity ≤15 degrees Calcaneal fracture with Boehler angle <95 degrees. Subtalar fracture with Boehler angle <95 degrees.	D D D D D D D D
Disability test J Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion Arthritis, ankle: X-ray: ankle Physical examination—range of motion Physical examination—range of motion Physical examination—range of motion Physical examination Hindfoot fracture: X-ray: foot X-ray: foot Physical examination Physical examination	Test result BODY PART: ANKLE AND FOOT OB TITLE: SALES REPRESENTATIVES Plantar flexion capability <5 degrees 0 mm Plantar flexion contracture 20 degrees Plantar flexion contracture 20 degrees Varus deformity <15 degrees Calcaneal fracture with Boehler angle <95 degrees. Subtalar fracture with Boehler angle <95 degrees. Varus angulation ≤20 degrees (hindfoot)	D D D D D D D
Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion Arthritis, ankle: X-ray: ankle	Test result BODY PART: ANKLE AND FOOT OB TITLE: SALES REPRESENTATIVES Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees 0 mm Plantar flexion capability <5 degrees Plantar flexion capability <5 degrees Plantar flexion contracture 20 degrees Varus deformity ≤15 degrees Calcaneal fracture with Boehler angle <95 degrees. Subtalar fracture with Boehler angle <95 degrees.	D D D D D D D D
Disability test J Achilles tendon rupture: Physical examination—range of motion Physical examination—range of motion Arthritis, ankle: X-ray: ankle ————————————————————————————————————	Test result BODY PART: ANKLE AND FOOT OB TITLE: SALES REPRESENTATIVES Plantar flexion capability <5 degrees 0 mm Plantar flexion contracture 20 degrees Plantar flexion contracture 20 degrees Varus deformity <15 degrees Calcaneal fracture with Boehler angle <95 degrees. Subtalar fracture with Boehler angle <95 degrees. Varus angulation ≤20 degrees (hindfoot)	D D D D D D D D

JOB INFORMATION FORMS

Form Approved OMB No. 3220-0193



JOB INFORMATION FORM

RRB Claim Number	
Employee's Name	
Date Released	
Regular Railroad Occupation*	
Location	
Date Last Worked	

* The regular railroad occupation is: 1) the occupation in which the employee has been engaged for more calendar months than any other occupation during the last preceding 5 calendar years, whether consecutive or not; or 2) the occupation which the employee has been in service for not less than one-half of all months in which the employee has been engaged in service during the last 15 consecutive calendar years; or 3) if an employee last worked as an officer or employee of a railway labor organization and if that employment is no longer available, the regular occupation shall be the position to which the employee holds seniority rights or the position left to work for the railway labor organization.

The above-named railroad employee has applied for an occupational disability benefit under section 2(a)(iv) of the Railroad Retirement Act. Railroad Retirement Board (RRB) regulation 20 CFR 220.13 (b)(2) provides that railroad employers may furnish pertinent information concerning the job duties the employee is required to perform. If you wish to provide job duty information on the above-named employee, it must be received by the RRB no later than

EMPLOYER INFORMATION

The attached list of job duties indicate those duties generally performed by the employee.

Please provide any additional information on the duties the employee performed over the last 5 years, or 15 years if appropriate.

This information can be entered in the Remarks section or attached to this form.

G-251a(12-97)

Job information should be sent to:

U.S. RAILROAD RETIREMENT BOARD 844 NORTH RUSH STREET CHICAGO, ILLINOIS 60611-2092 ATTENTION: DISABILITY PROGRAMS SECTION

or a facsimile may be sent to (312)751-7167.

Employer Certification - The information contained in this report is correct to the best of my knowledge and belief.				
NAME(Please Print) TITLE(Please Print) TELEPHONE NO ()		E		
Remarks:				

Paperwork Reduction Act Notice

Section 7 (b)(6) of the Railroad Retirement Act (RRA) allows the Railroad Retirement Board (RRB) to collect this information. While you are not required to respond, the information you provide will be used by the RRB in determining an applicant's eligibility for an occupational disability under the RRA.

We estimate that this form takes an average of 20 minutes per response to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspects of this form, including suggestions for reducing the completion time to: Chief of Information Management, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-2092 and to the Office of Management and Budget, Paperwork Reduction Project (3220-0193), Washington DC 20503. Please do not return this form to either of these addresses.

G-251a (12-97)

20 CFR Ch. II (4-1-10 Edition)

Form Approved OMB No. 3220-0193



JOB INFORMATION FORM

RRB Claim Number	
Employee's Name	
Date Released	
Regular Railroad Occupation*	
Location	
Date Last Worked	

* The regular railroad occupation is: 1) the occupation in which the employee has been engaged for more calendar months than any other occupation during the last preceding five calendar years, whether consecutive or not; or 2) the occupation which the employee has been in service for not less than one-half of all months in which the employee has been engaged in service during the last 15 consecutive calendar years; or 3) if an employee last worked as an officer or employee of a railway labor organization and if that employment is no longer available, the regular occupation shall be the position to which the employee holds seniority rights or the position left to work for the railway labor organization.

The above-named railroad employee has applied for an occupational disability benefit under section 2(a)(iv) of the Railroad Retirement Act. Railroad Retirement Board (RRB) regulation 20 CFR 220.13 (b)(2) provides that railroad employers may furnish pertinent information concerning the job duties the employee is required to perform. If you wish to provide job duty information on the above-named employee, it must be received by the RRB no later than

EMPLOYER INFORMATION

You may wish to provide the RRB with job duty information. If so, the job information that is needed for a disability decision should include a full description of the basic duties to perform the occupation listed. For example, list the types of machinery, tools and/or equipment used, technical knowledge or skills involved, and number of people supervised. Also include the types of physical activities involved in a typical 8 hour work day, such as how many hours of walking, standing or sitting, what items are lifted and carried and how much these items weigh, and how often bending, crouching, kneeling, reaching and climbing are performed. If exposure to environmental hazards, such as working at heights or around dangerous machinery, in extreme temperatures or excessive noise are present, also list these.

G-251b(12-97)

This information can be entered in the Remarks section or attached to this form.

Job information should be sent to:

U.S. RAILROAD RETIREMENT BOARD 844 NORTH RUSH STREET CHICAGO, ILLINOIS 60611-2092 ATTENTION: DISABILITY PROGRAMS SECTION

or a facsimile may be sent to (312)751-7167.

Employer Certification - The information conta and belief.	ined in this report is correct to the best of my knowledge
NAME (Please Print) TITLE (Please Print)	DATE/
Remarks:	

Paperwork Reduction Act Notice

Section 7 (b)(6) of the Railroad Retirement Act (RRA) allows the Railroad Retirement Board (RRB) to collect this information. While you are not required to respond, the information you provide will be used by the RRB in determining an applicant's eligibility for an occupational disability under the RRA.

We estimate that this form takes an average of 20 minutes per response to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspects of this form, including suggestions for reducing the completion time to: Chief of Information Management, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-2092 and to the Office of Management and Budget, Paperwork Reduction Project (3220-0193), Washington DC 20503. Please do not return this form to either of these addresses.

G-251b (12-97)

[63 FR 7543, Feb. 13, 1998]

PART 221—JURISDICTION DETERMINATIONS

Sec.

221.1 Introduction.

 $221.2\ {\rm Railroad}\ {\rm Retirement}\ {\rm Board}\ {\rm jurisdiction}.$

221.3 Social Security Administration jurisdiction.

221.4 When a jurisdiction decision may be reversed.

AUTHORITY: Sec. 7(b)(1), Pub. L. 94–547 (45 U.S.C. 231f(b)(1)).

Source: 47 FR 7656, Feb. 22, 1982, unless otherwise noted.

§221.1 Introduction.

This part explains the factors involved in deciding whether the Social